



2005 SURVEILLANCE REPORT-ALABAMA

PRAMS

PRAMS Surveillance Report Alabama 2005

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PRAMS SURVEILLANCE REPORT

ALABAMA 2005

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INTRODUCTION AND METHODS

INTRODUCTION

Since February 1993, the Alabama PRAMS survey has been collecting data on mothers and their newborns whose births occurred after November 1, 1992. The collected information includes responses to numerous questions about the mothers' experiences with the health care system during pregnancy and delivery, as well as postpartum care for both the mother and infant. Data are also collected on maternal behaviors and experiences which might have influenced the outcome of the pregnancy and the health of the infant.

PRAMS collects information for pregnancies resulting in live births only. No information is available through PRAMS about the characteristics of women whose pregnancies end in fetal death or induced termination of pregnancy. Data for fetal deaths and induced terminations of pregnancy are collected through the vital events system and are available in other publications.

METHODS

The survey is conducted according to the methodology developed by Donald Dillman and discussed in his book entitled *Mail and Telephone Surveys: The Total Design Method*. The survey questionnaire is sent to a sample of new mothers randomly selected from the birth certificate master file, two to four months after the baby is born. To maximize the likelihood of participation by those selected, each mother is sent up to five mailings including three copies of the questionnaire. If no response has been received after the fifth mailing, up to fifteen attempts are made to contact the mother by telephone.

Beginning with the 2000 PRAMS survey, a Spanish language survey is sent along with an English language survey to mothers who are listed as 'Hispanic' on the birth certificate. Alabama currently does not have Spanish speaking interviewers for the phone phase.

The sample is selected through a complex, stratified sampling design. Mothers of low birth weight infants and those whose deliveries are paid by Medicaid are oversampled. Roughly equal numbers of mothers are selected from each of four sample strata; Medicaid low birth weight, Medicaid normal birth weight, non-Medicaid low birth weight, and non-Medicaid normal birth weight.

CAUTION INTERPRETING DATA

The figures given in this publication are weighted to represent the 57,263 live births which occurred in Alabama in 2005 to women who were Alabama residents at the time of the births, excluding certain multiple births. The weights adjust for differential response rates by mother's marital status, age, and educational attainment. For infants born during 2005, 1,203 questionnaires were completed from 2,109 sampled. The overall **unweighted** response rate was 57.0 percent, and the **weighted** response rate was 60.9 percent. **Because the CDC requires an overall weighted response rate of 70 percent to insure data is of the highest quality, caution should be used in interpreting data reported from 2005.**

This year, 95% confidence intervals have been included in the analyses. Line graphs of the major topics have been included to identify trends and to determine progress in objectives of interest. These trend charts may be useful to programs that are interested in PRAMS data.

2005 PRAMS Surveillance Report Highlights

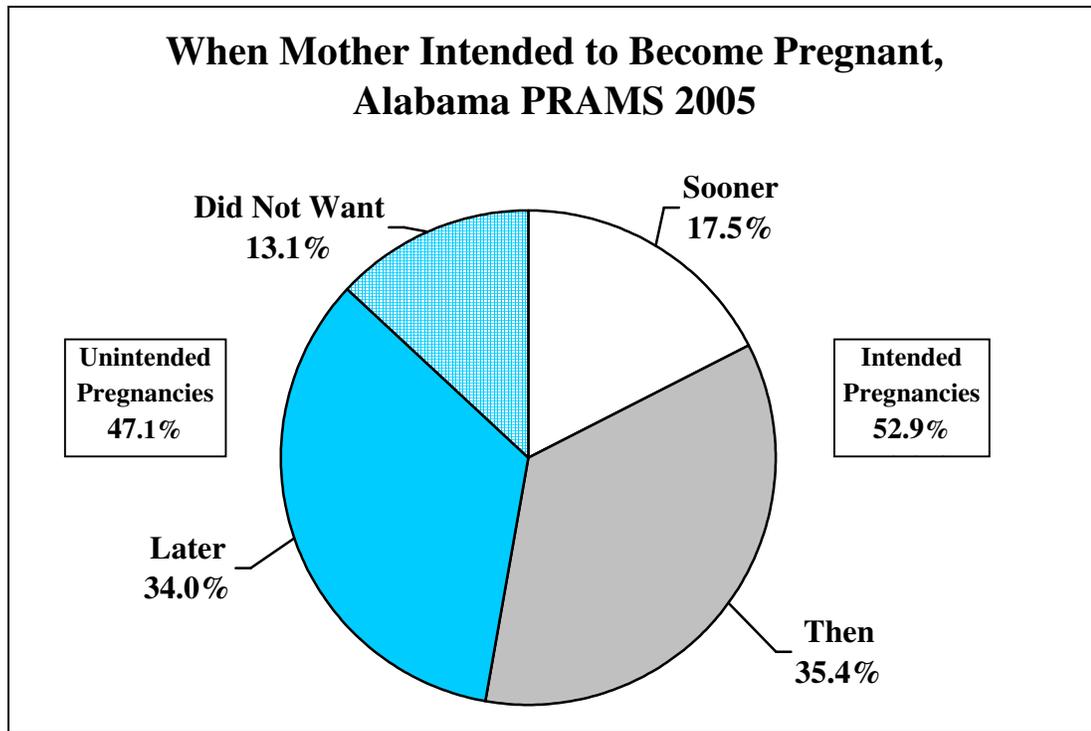
- 47.1 percent of Alabama births were unintended.
- 65.0 percent of Alabama mothers did not take any multivitamins before becoming pregnant.
- 24.8 percent of Alabama mothers reported have a urinary tract infection (UTI) during pregnancy.
- 18.6 percent of Alabama mothers indicated they continued smoking during pregnancy.
- 6.8 percent of Alabama mothers drank alcoholic beverages on a weekly basis during the last three months of pregnancy.
- 69.5 percent of Alabama mothers reported having a medical problem, such as nausea or vomiting, preterm labor, high blood pressure, kidney or bladder infections, vaginal bleeding, or diabetes during pregnancy.
- 56.2 percent of Alabama mothers, the highest percentage in eleven years, participated in the Supplemental Food Program for Women, Infants, and Children (WIC) during pregnancy.
- 57.7 percent of Alabama mothers initiated breastfeeding their infants.
- 53.5 percent of Alabama women who did not plan to become pregnant reported using no birth control when they became pregnant.
- At the time of the survey (postpartum), 88.2 percent of mothers were using some form of birth control.
- 38.1 percent of Alabama mothers reported they moved to a new address during their pregnancy.
- 14.1 percent of Alabama mothers reported they *always or almost always* felt down, depressed, or hopeless since the birth of their baby. 61.0 percent reported feeling this way *sometimes or on rare occasions*.
- 10.0 percent of Alabama mothers reported being *diagnosed* by their doctor or health care worker with depression since the birth of their infant.
- 33.8 percent of Alabama mothers reported having a dental cleaning during their pregnancy.
- 56.6 percent of Alabama mothers most often lay their babies on their backs for sleeping.
- Only 25.0 percent of Alabama mothers *never* allow their infant to co-sleep or share a bed with himself or herself or another person. 34.6 reported they *always or almost always* allow their infants to co-sleep.

Mothers' General Comments

- “I had a very healthy baby and she’s very happy. She smiles all the time and I couldn’t be happier. I find myself lucky to have such a good baby.”
- “I love him very much and I am so happy to have my sweet little boy.”
- “Have a healthy pregnancy, following the doctors [sic] advice, read up on the care for your baby and ask questions no matter how crazy that you think it is. Also take time for yourself.”
- “While I was pregnant I was overly careful about things. I did not drink...I read every book about pregnancy I could get so I would understand as much as possible.”
- “For mothers in Alabama during pregnancy, if you’re alone, keep your head up and stay strong!!”
- “No love is greater than a mother’s love.”
- “I think all mother-to-be [sic] should read “What to do when you are expecting” and possibly some counseling to prepare them for the coming event.”
- “I know from experience after two children they are absolutely angelic from heaven.”
- “I feel so lucky to have a happy, healthy baby.”

INTENDEDNESS OF BIRTHS

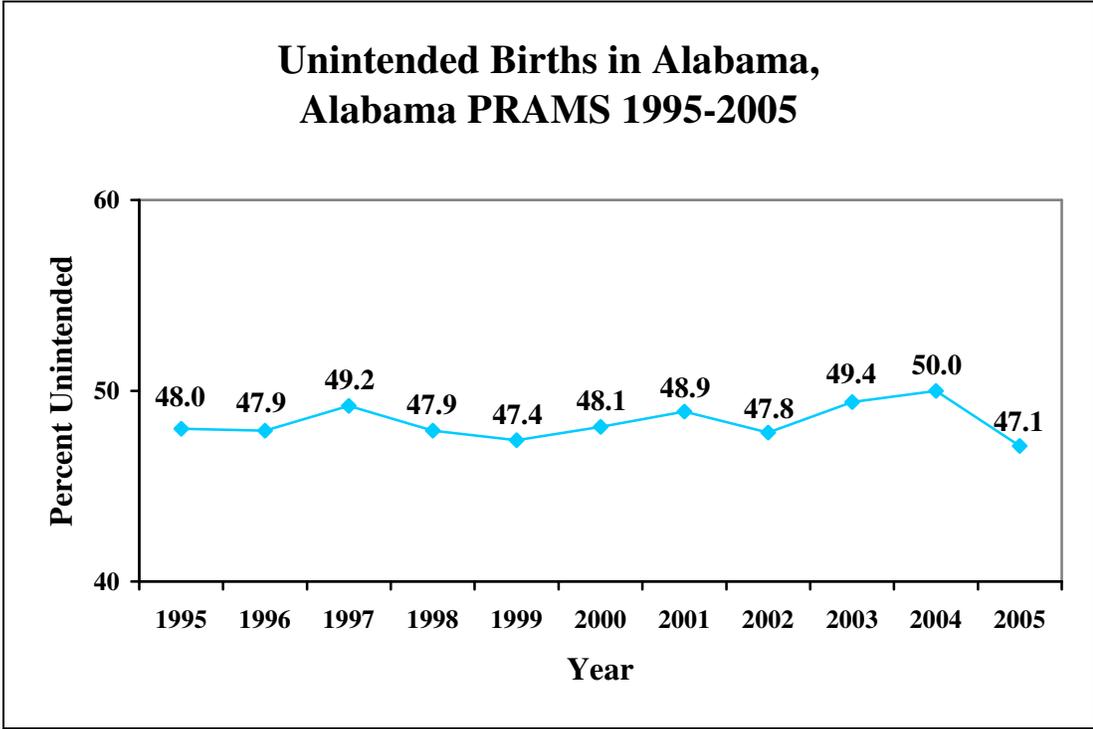
When Mother Intended to Become Pregnant, Alabama PRAMS 2005



(Question #10 of the PRAMS Survey)

Pregnancies that are unwanted or mistimed are an important health care issue. The health of the infant is directly affected by the mother’s attitude, behaviors, and experiences during the pregnancy. In 2005, nearly half of Alabama mothers reported their pregnancies as *unintended*. Over one-third of these women said they wanted to be pregnant *later* (34.0 percent), and 13.1 percent said they did not want to be pregnant then or at any time in the future. On the other hand, 52.9 percent of Alabama mothers reported either wanting to be pregnant *then* (35.4 percent) or even *sooner* (17.5 percent). The Healthy People 2010 Objective is to increase the proportion of pregnancies that are intended to 70 percent. Alabama women are far from meeting this goal.

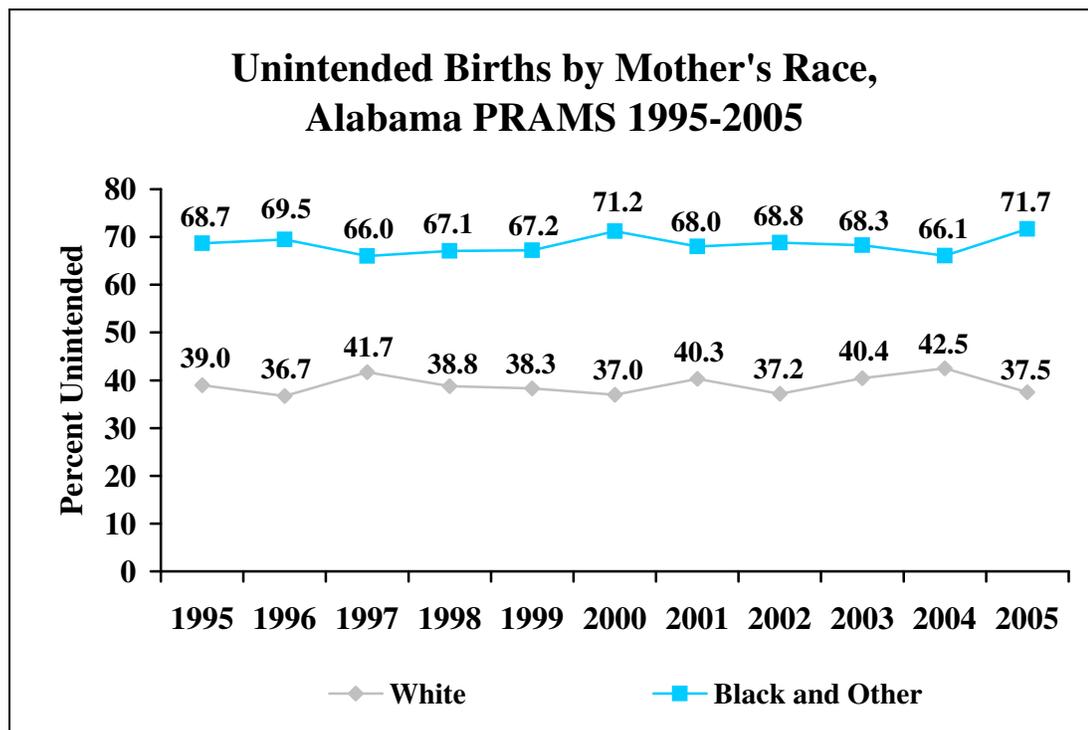
95 % Confidence Intervals						
Intention	Sooner	Then	Later	Did Not Want	Intended	Unintended
Percent	15.0-20.4	32.1-38.8	30.7-37.4	10.8-15.8	49.4-56.4	43.7-50.6



(Question #10 of the PRAMS Survey)

During the past eleven years, the highest percentage of unintended pregnancies occurred in 2004 at 50.0 percent. From 2004 to 2005, there was a 5.8% decrease in unintended births in Alabama. The difference from year to year has not been statistically significant.

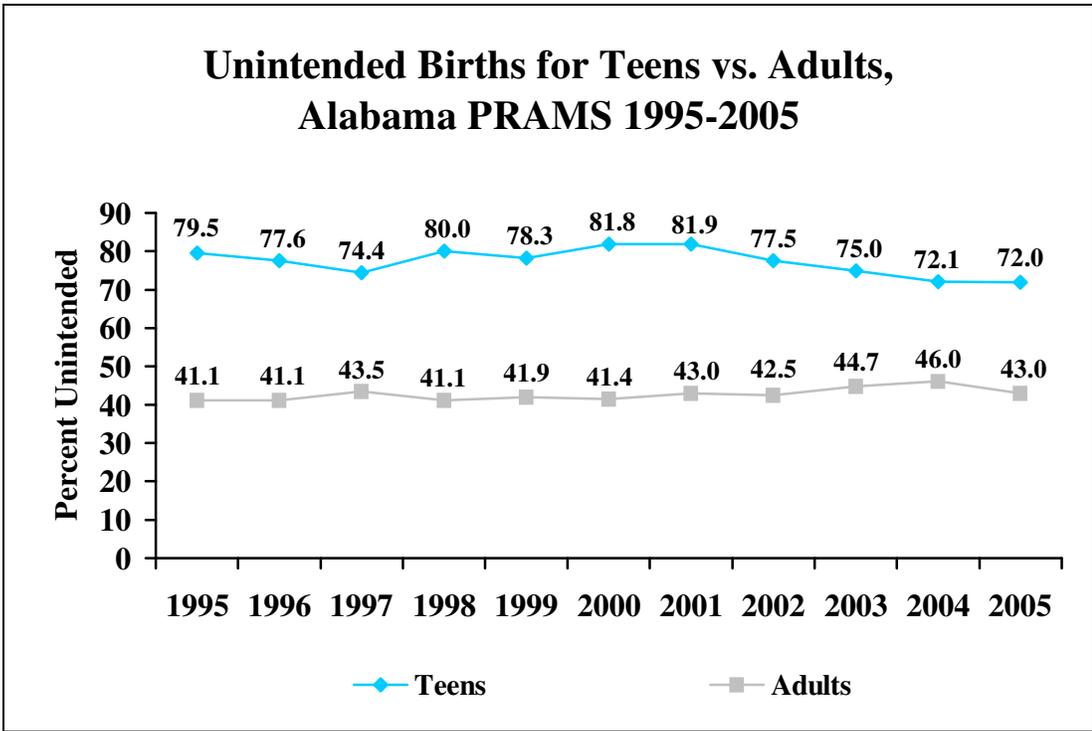
95 % Confidence Intervals											
Year	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
% Unintended	45.0-51.0	45.1-50.8	46.2-52.2	44.9-50.9	44.3-50.5	45.2-51.1	46.0-51.7	44.8-50.8	46.3-52.5	46.5-53.5	43.7-50.6



(Question #10 of the PRAMS Survey)

For the past eleven years, the percentage of unintended births has been considerably higher among black and other race women than among white women. In fact, from 2001-2005, the percentage of unintended births to black and other women increased by 5.4 percent. Conversely, the percentage of unintended births decreased by 7.2 percent from 2003-2005 among white women. The percent change in both populations is not statistically significant.

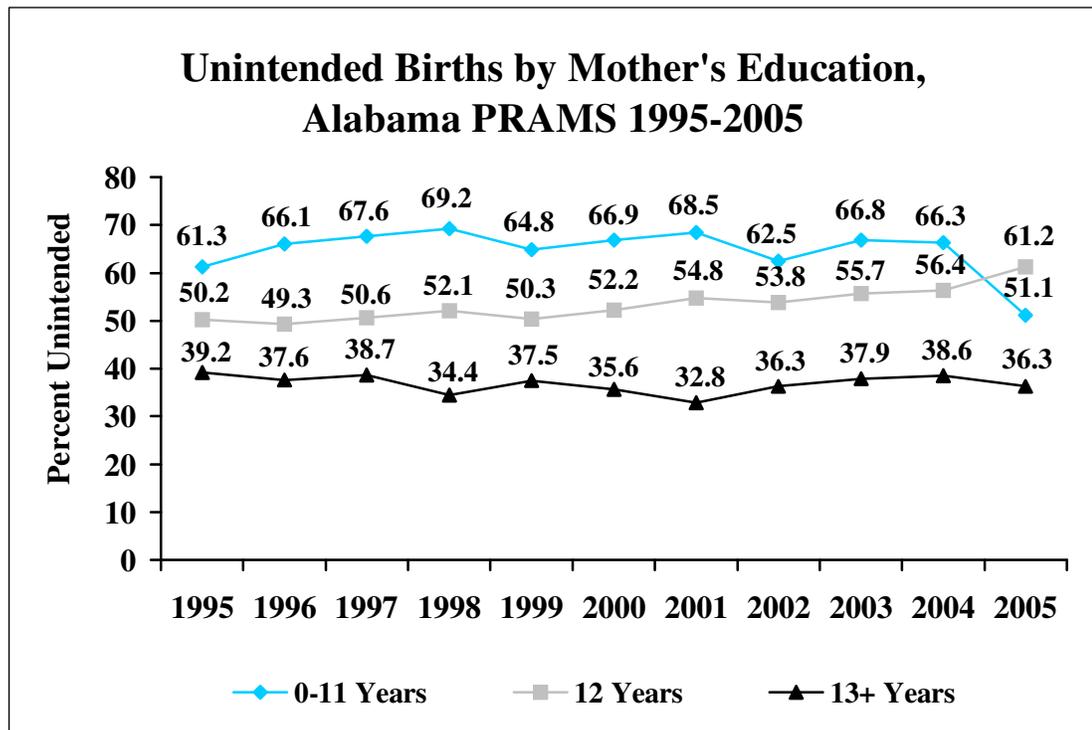
95 % Confidence Intervals											
Year	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
White	35.4-42.6	33.3-40.1	38.1-45.3	35.2-42.4	34.5-42.1	33.3-40.6	36.7-43.9	33.6-40.8	36.6-44.3	38.3-46.8	33.6-41.6
Black & Other	63.3-74.1	64.6-74.4	60.6-71.3	61.6-72.6	62.0-72.4	66.3-76.1	63.1-72.9	63.9-73.7	62.9-73.3	59.7-71.9	65.3-77.3



(Question #10 of the PRAMS Survey)

An inverse correlation exists between unintended births and maternal age. Teens, 10 to 19 years of age, have a higher percentage of unintended pregnancies than adult women. One possible explanation for this trend is that older women are more capable of controlling the timing and spacing of pregnancies than are teenagers. From 2002 through 2005, a decrease of 7.1 percent in the percentage of unintended pregnancies among Alabama’s teenagers was seen. Although the highest percentage in eleven years of unintended pregnancies among adult women was reported in 2004, there was a 6.5 percent decrease from 2004-2005. The percent difference in either age group was not statistically significant.

95 % Confidence Intervals											
Year	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Teens	73.7-85.3	72.0-83.1	68.2-80.6	74.2-85.8	72.1-84.6	75.8-87.7	76.0-87.8	71.4-83.6	66.9-81.6	63.5-79.3	62.9-79.5
Adults	37.7-44.5	37.8-44.4	40.1-46.9	37.6-44.5	38.4-45.3	38.1-44.7	39.8-46.2	39.2-45.8	41.3-48.1	42.3-49.9	39.3-46.8

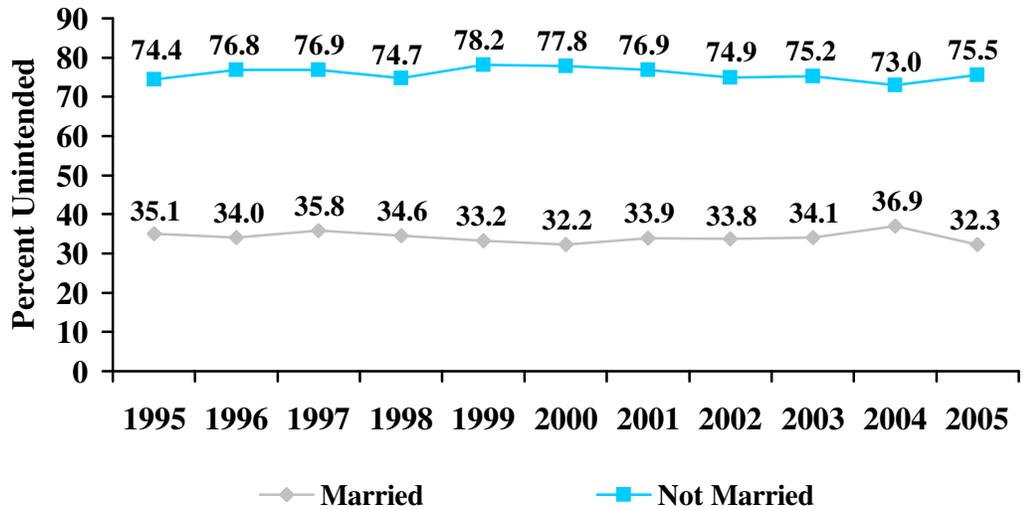


(Question #10 of the PRAMS Survey)

An inverse correlation exists between unintended births and a mother's education, or as the amount of formal education increases, the percent of unintended births decreases. However in 2005, a 22.9% decrease in unintended pregnancies was reported among women with the lowest level of education, and a slight increase was seen among women with 12 years of education. There was a slight decrease in unintended births among women with the highest levels of education. None of these changes were statistically significant.

95 % Confidence Intervals											
Year/ Education	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
0-11 yrs.	54.6-68.0	60.1-72.2	61.3-73.8	62.9-75.6	58.1-71.5	60.5-73.2	63.0-74.0	56.4-68.7	59.9-73.0	58.2-73.6	43.2-58.8
12 yrs.	44.9-55.5	44.0-54.6	45.4-55.8	46.5-57.8	44.6-56.0	46.9-57.4	49.3-60.2	48.2-59.3	49.9-61.4	49.9-62.6	54.8-67.3
13 plus yrs.	34.6-43.7	33.1-42.0	34.1-43.4	29.9-38.8	32.9-42.1	31.0-40.2	28.4-37.2	31.9-40.7	33.6-42.4	33.8-43.7	31.5-41.3

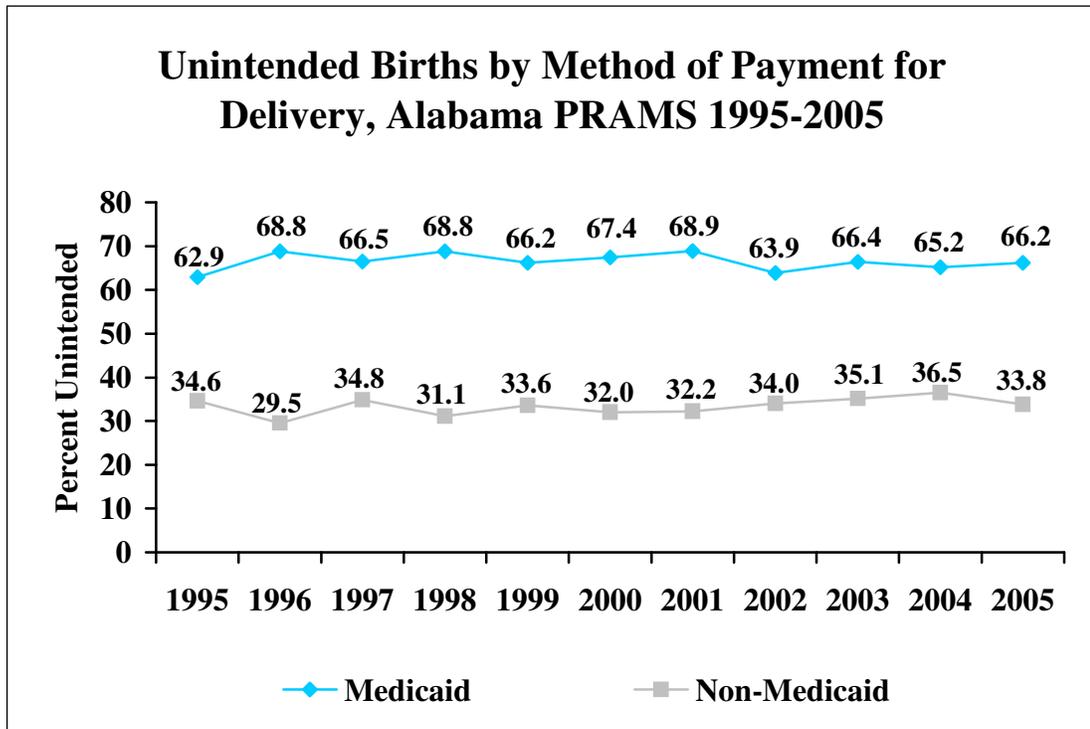
Unintended Births by Marital Status, Alabama PRAMS 1995-2005



(Question #10 of the PRAMS Survey)

The percent of unintended births to unmarried women was more than twice that of married women in 2005. Abstinence, postponement of childbearing, and improved contraceptive use would be instrumental in the reduction and elimination of unintended births, especially among unmarried women for whom the consequences tend to be greatest. In 2005, neither the 3.4 percent increase of unintended births among unmarried women nor the 12.5 percent decrease of unintended births among married women was statistically significant.

95 % Confidence Intervals											
Year/ Marital Status	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Married	31.5-38.7	30.5-37.4	32.2-39.5	30.8-38.3	29.4-36.9	28.6-35.8	30.3-37.6	30.1-37.5	30.4-38.0	32.8-41.3	28.4-36.5
Not Married	69.6-79.2	72.3-81.4	72.4-81.5	69.8-79.6	73.6-82.8	73.4-82.3	72.7-81.1	70.5-79.4	70.1-79.6	67.3-78.0	69.8-80.3

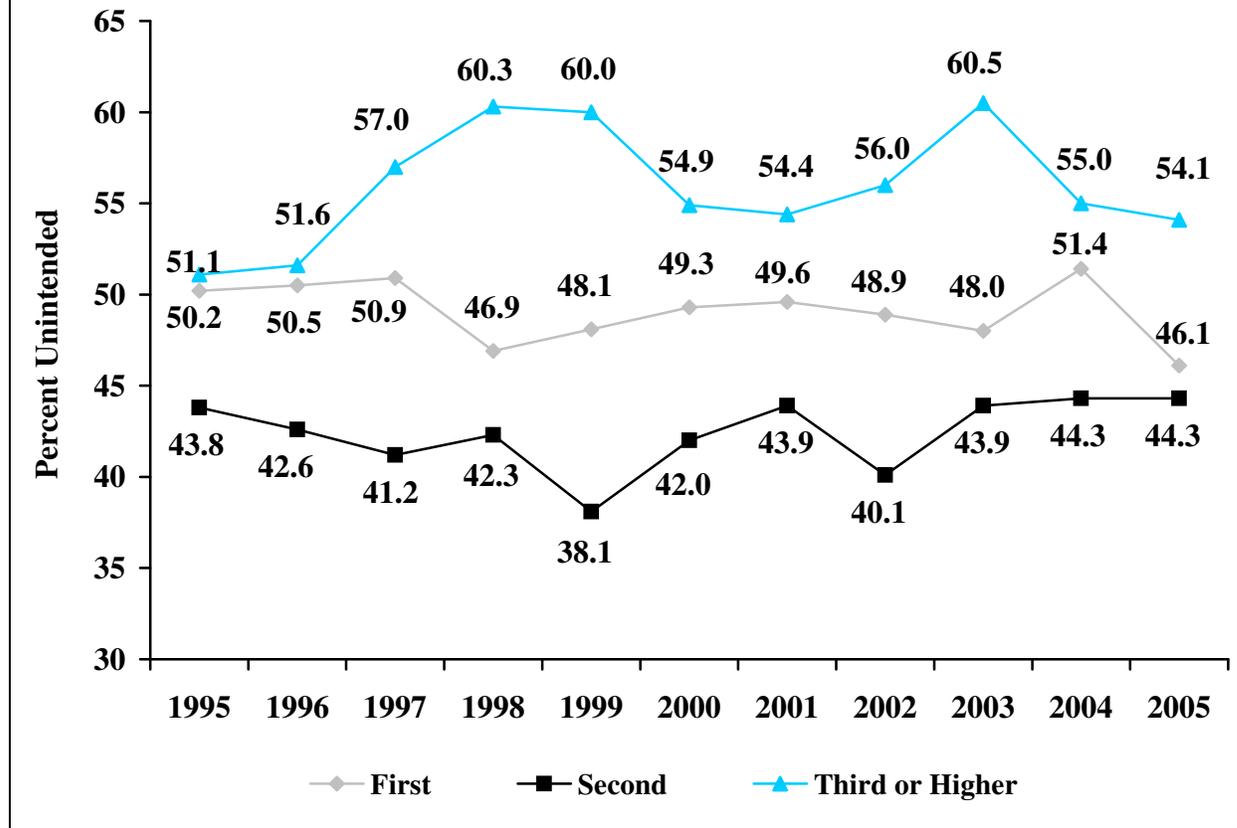


(Question #10 of the PRAMS Survey)

In 2005 in Alabama, 66.2 percent of births to women on Medicaid were unintended compared to 33.8 percent among non-Medicaid women. This indicates that poorer women are more likely to have unplanned births. In the past 11 years, there has been no statistically significant change in the percentage of unintended births for Medicaid or non-Medicaid women.

95 % Confidence Intervals											
Year/ Payment	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Medicaid	58.6-67.2	64.8-72.8	62.3-70.6	64.5-73.0	61.8-70.7	63.3-71.5	64.9-72.8	59.7-68.0	62.0-70.6	60.3-69.7	61.2-70.9
Non-Medicaid	30.3-38.9	25.4-33.5	30.5-39.0	26.9-35.3	29.3-37.9	27.8-36.3	28.1-36.3	29.7-38.3	30.8-39.7	31.5-41.7	29.1-38.9

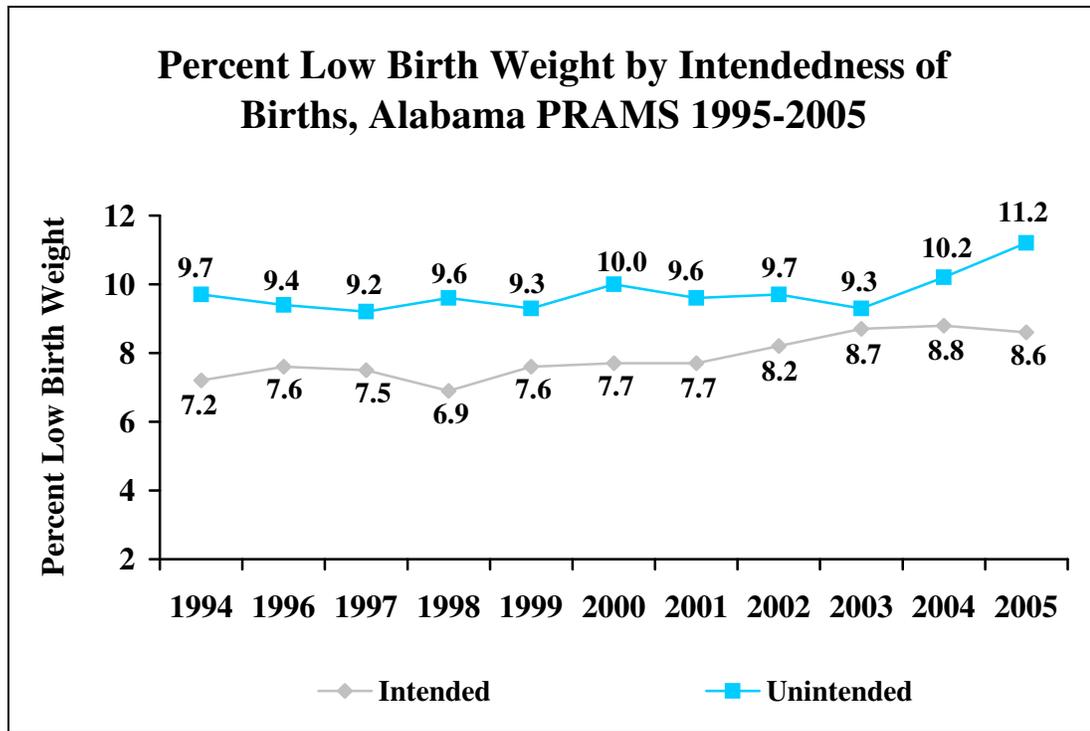
Unintended Births by Live Birth Order, Alabama PRAMS 1995-2005



(Question #10 of the PRAMS Survey)

The percent of unintended births was lowest among mothers who had given birth to their second child, meaning second births are most likely to be planned. In 2005, 46.1 percent of mothers having their first child were unintended, 10.3 percent lower than in 2004. There was a slight decrease in unintended births among mothers who were giving birth to their third or higher birth order child. None of the changes in 2004 were statistically significant.

95 % Confidence Intervals											
Year/ Birth Order	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
First	45.7-54.7	46.2-54.8	46.4-55.3	42.4-51.4	43.6-52.7	44.7-53.9	45.0-54.2	44.3-53.5	43.0-53.0	46.1-56.7	40.9-51.4
Second	38.7-48.9	37.4-47.8	35.7-46.6	36.8-47.7	32.5-43.7	36.6-47.3	38.7-49.0	34.8-45.4	38.8-49.3	38.3-50.6	38.5-50.2
Third +	43.7-58.6	44.7-58.6	50.3-63.7	52.9-67.7	53.2-66.9	48.4-61.4	48.4-60.5	49.7-62.3	53.9-66.8	47.4-62.3	46.2-61.8



(Question #10 of the PRAMS Survey)

Low birth weight is defined as birth weight of less than 2,500 grams or 5 lbs. 8oz. Infants delivered at this weight are at increased risk of death during their first year of life or life long disabilities. Of births reported as unintended in 2005, 11.2 percent were low weight births, up by 9.8 percent from 2004. Of intended births, the percentage of low weight births slightly decreased in 2005. Neither of these increases is considered statistically significant.

95 % Confidence Intervals											
Year/ Intention	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Intended	6.5-7.8	6.9-8.2	6.9-8.2	6.2-7.5	6.9-8.3	7.0-8.3	7.1-8.4	7.5-8.9	8.0-9.5	8.0-9.7	7.8-9.5
Unintended	8.9-10.5	8.6-10.2	8.4-10.0	8.7-10.5	8.4-10.2	9.1-10.8	8.8-10.4	8.9-10.6	8.5-10.2	9.2-11.2	10.1-12.4

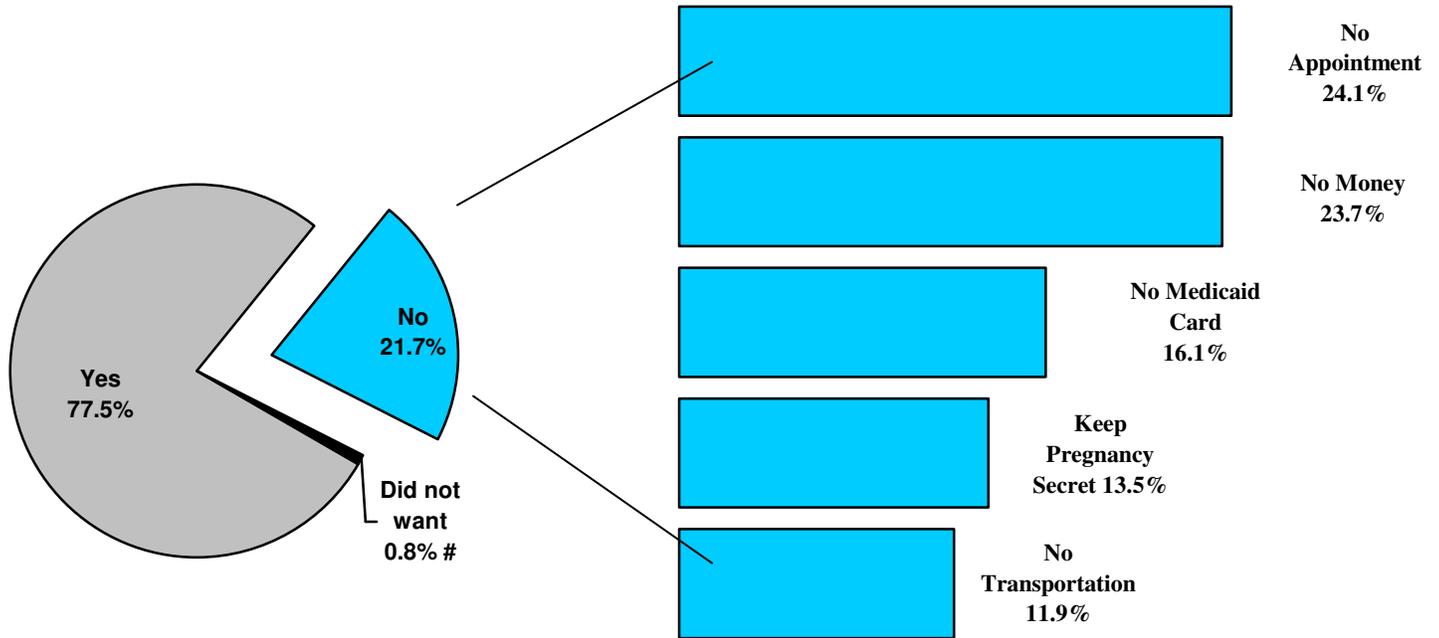
Mothers' Intendedness Comments

- “We were not getting any younger so we felt that when the good Lord was ready for us to have kids, we would have kids. That’s why we did not use anything to prevent and we were ready.”
- “Even though my third pregnancy was unexpected, she has been a blessing to my family and I wouldn’t have it any other way.”
- “I love my son so much until it scares me, but at the same time, I wish I could be a teen again. Teens in Alabama, don’t grow up too fast.”
- “If you don’t want to have a baby, please just don’t get pregnant.”
- “While we were not happy initially about the pregnancy because of the disruption in my career--we are extremely grateful for our two little blessing [sic] now.”

PRENATAL CARE

Prenatal Care Received as Early as Mother Wanted, Alabama PRAMS 2005

Reason Care Not Received Early*



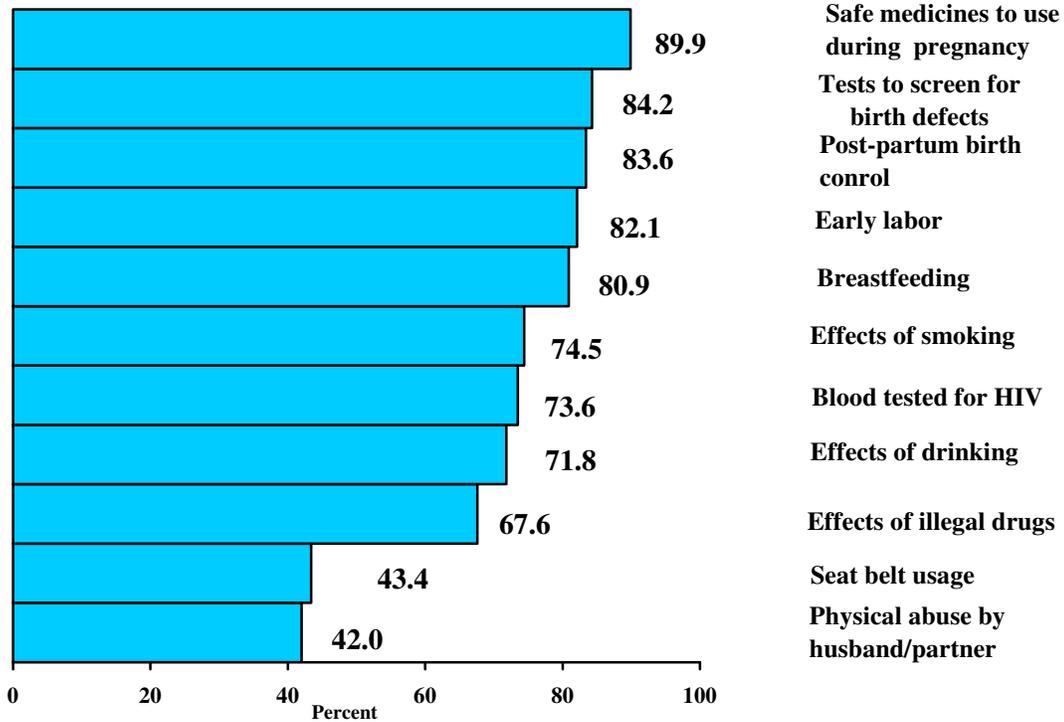
*Items not mutually exclusive, therefore percentages will not equal 100. # number of respondents is less than 20.

(Questions 17 & 18 of the PRAMS Survey)

Early and adequate prenatal care is critical in detecting problems that arise during pregnancy and in treating them before they become serious or life threatening. In 2005, approximately one in five Alabama mothers reported they did not get prenatal care as early as they wanted. Barriers which hindered them included: no money to pay for the prenatal care visits, no Medicaid coverage yet, not able to get an appointment early, trying to keep their pregnancy a secret and no transportation available for doctor visits.

95% Confidence Intervals								
Early PNC	Yes	No	Did Not Want	No Appt.	No Money	No Medicaid Card	Secret	No Trans.
%	74.4-80.4	18.9-24.7	0.4-1.9	18.1-31.4	17.7-31.1	11.3-22.5	8.9-20.0	7.8-17.9

Topics Discussed During Prenatal Care Visits, Alabama PRAMS 2005



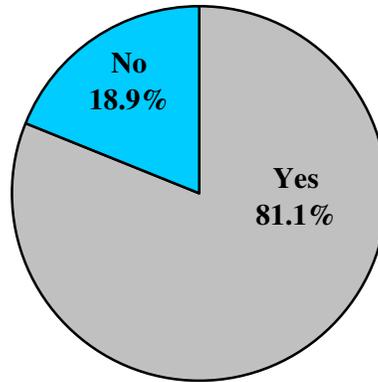
(Question 20 of the PRAMS Survey)

Mothers were asked if a doctor, nurse, or health care worker talked with them about the above topics during any of their prenatal care visits. In 2005, nine out of ten Alabama mothers reported being informed about safe medications to take during their pregnancies. Approximately eight out of ten mothers reported discussions about post partum birth control, screening tests for birth defects or diseases which run in their families, breastfeeding, and what to do if premature labor occurs. Only 43 percent reported any discussion on seat belt usage during pregnancy, and approximately 40 percent of Alabama’s mothers reported having a discussion about physical abuse by a husband or partner.

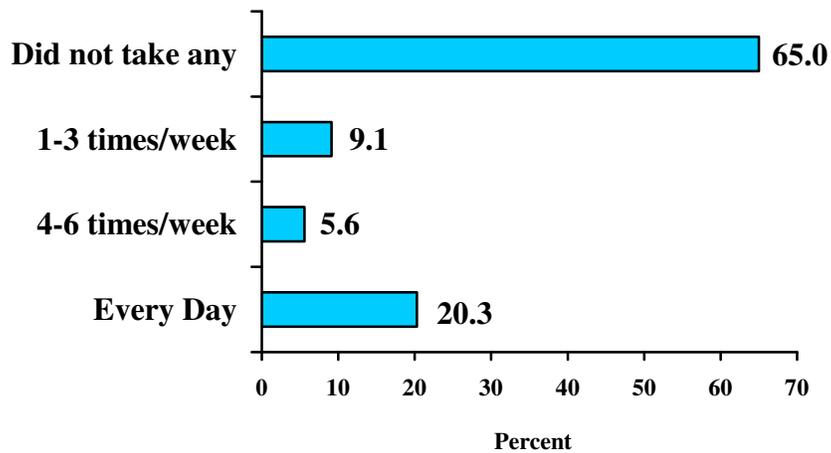
95% Confidence Intervals					
Topics	Safe Medicines	Birth defects	PP Birth control	Early labor	Breastfeeding
Percent	87.5-91.9	81.4-86.7	80.8-86.0	79.1-84.6	77.9-83.6

95% Confidence Intervals					
Smoking	HIV testing	Drinking	Illegal drug usage	Seat belt usage	Physical abuse
71.3-77.5	70.3-76.7	68.5-74.9	64.2-70.8	39.9-47.0	38.7-45.4

Knowledge of Folic Acid, Alabama PRAMS 2005
Question 22: Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects?



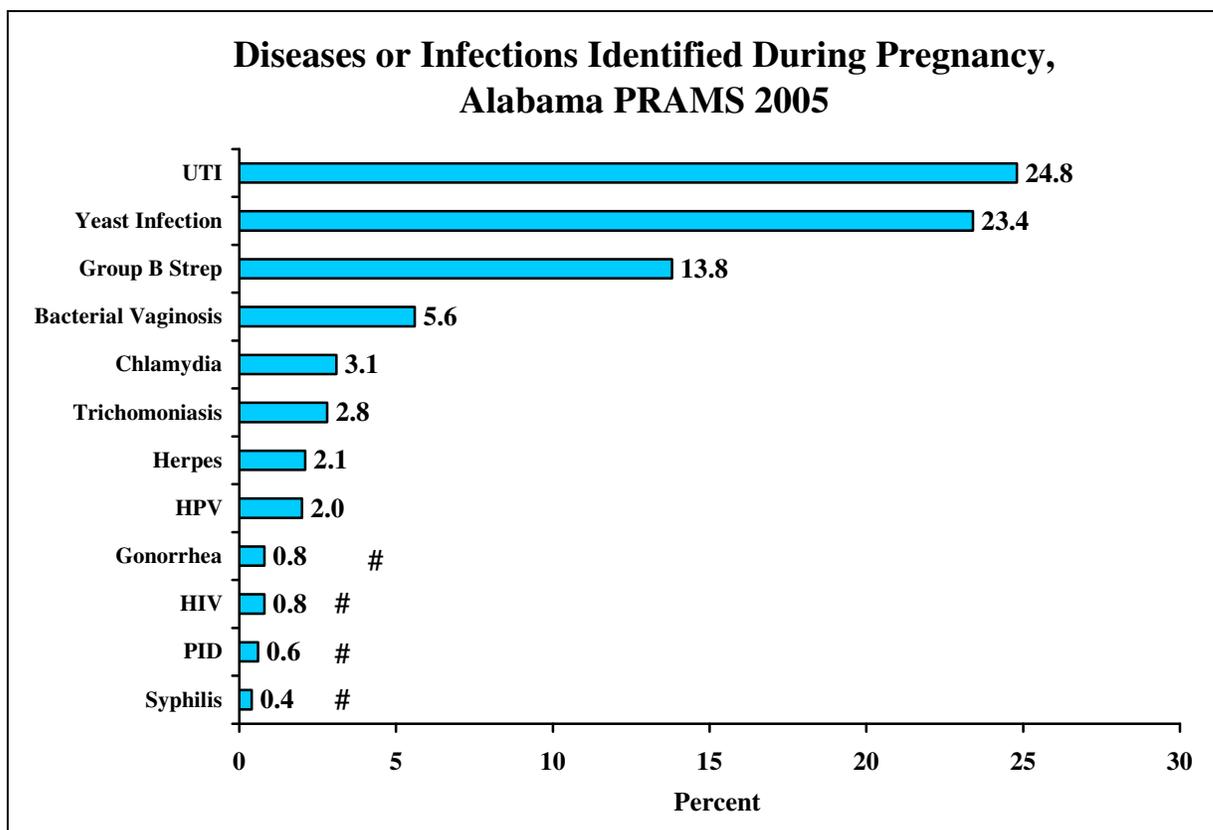
Percent of Mothers Who Took a Multivitamin Before Pregnancy, Alabama PRAMS 2005



(Question 3 of the PRAMS Survey)

Studies have shown that women who consume 400 micrograms of folic acid daily *before* becoming pregnant can greatly reduce the incidence of neural tube defects, such as spina bifida and anencephaly, in their infants. In 2005, eight out of ten Alabama mothers reported they had either read or heard that taking folic acid could help prevent some birth defects, but this knowledge was not translated into action. Approximately 65 percent of mothers took no multivitamins (which contain the required amount of folic acid) the month before their pregnancy occurred. Only one in five Alabama mothers consumed a daily multivitamin during the month prior to becoming pregnant.

95% Confidence Intervals						
Questions	Knowledge? Yes	Knowledge? No	None Taken	1-3 times/wk.	4-6 times/wk.	Taken Daily
Percent	78.1-83.7	16.3-21.9	61.7-68.2	7.2-11.3	4.2-7.6	17.7-23.1



(Question 64 of the PRAMS Survey) # number of respondents is less than 20.

Pregnant women are not immune from having sexually transmitted diseases (STDs), and some STDs can seriously affect the health of the mother as well as the baby. Early labor, premature rupture of the membranes, and pelvic infections can occur in women infected with some STDs. HPV (human papilloma virus) is associated with cervical cancer. Gonorrhea, chlamydia, hepatitis B, and genital herpes can be passed from mother to infant during delivery. Conjunctivitis, low birth weight, neonatal sepsis, blindness, deafness, liver disease, and death can result in infants of women infected with certain STDs.

Mothers were asked, “During your most recent pregnancy, did a doctor, nurse, or other health care worker tell you that you had any of the following diseases or infections?” More than one in four Alabama mothers were told they had a UTI or a urinary tract infection. This was also the case for Alabama mothers with yeast infections. Nearly fourteen percent of Alabama mothers reported having a positive test for Group B Strep, which can cause infections in newborns.

95% Confidence Intervals						
Infection	UTI	Yeast	Group B Strep	Bacterial vaginosis	Chlamydia	HPV
Percent	21.8-27.9	20.4-26.6	11.4-16.5	4.2-7.6	2.1-4.6	1.2-3.2

95% Confidence Intervals					
Trichomoniasis	Gonorrhea	Herpes	PID	HIV	Syphilis
1.8-4.2	0.4-1.8	1.3-3.5	0.3-1.5	0.4-1.9	0.2-1.2

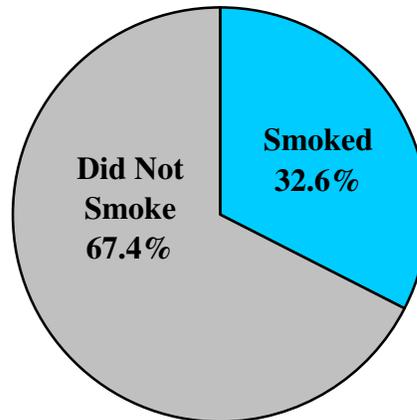
Mothers' Prenatal Care Comments

- “I think it would be helpful if doctors and nurses would spend more time with their pregnant patients and find out what their daily routines consist of and how it may affect their pregnancy. Also, I think it would be more helpful if pregnant women were treated as individuals and each and every concern no matter how big or small is addressed.”
- “I feel my doctor had me reading many books helped me carry them as long as I did.”
- “Thanks to the grace of God and excellent prenatal care, my husband and I have two beautiful, healthy identical twin boys born at 37 weeks.”
- “I think there needs to be more information available about the risks involved working a physical job while pregnant.”
- “I think pregnant women should be urged more to attend prenatal classes or birthing classes. I also believe that they should have more information given to them about what to do during pre-term labor and pain relief options during delivery. I must say, however, that the Gift of Life Program and WIC are very informative and helpful.”
- “I was treated as if my pregnancy was a disease instead of a natural process.”
- “Women should be better educated about pre-eclampsia and toxemia.
- “I was unaware of so many things like going to the dentist, taking my prenatal vitamins and stuff like that. (What all I know is my individual effort by reading magazines or going to health related websites.)
- “No one spoke to me about domestic violence, seat belt use, etc.”

NEGATIVE HEALTH BEHAVIORS:

SMOKING AND DRINKING

**Smoked 100 Cigarettes or More in Past 2 Years,
Alabama PRAMS 2005**



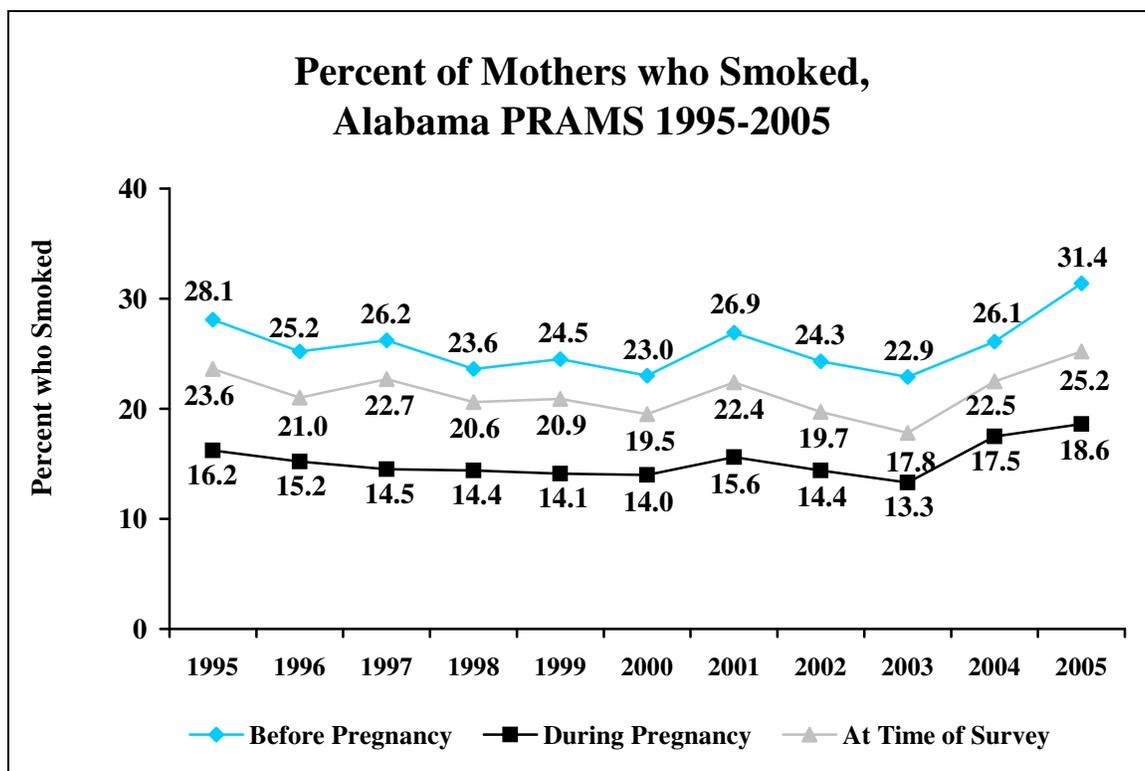
(Question 27 of the PRAMS Survey)

The Centers for Disease Control and Prevention (CDC) have reported that, “ Smoking during pregnancy is the single most preventable cause of illness and death among mothers and infants.”¹ They report that pregnant women who smoke are at increased risk of having an ectopic pregnancy or a miscarriage, and that approximately 8 percent of infants who die within a week after birth expire due to conditions caused by maternal smoking during pregnancy. Infants born to mothers who smoked while pregnant are more likely to be low birth weight infants, that is, less than 2,500 grams, and may experience lifelong health problems.

In 2005, when Alabama mothers were asked if they had smoked 100 cigarettes or more in the past two years, 32.6 percent answered ‘Yes’.

95% Confidence Intervals		
Smoking Status	Smoked	Did Not Smoke
Percent	29.4-36.1	63.9-70.6

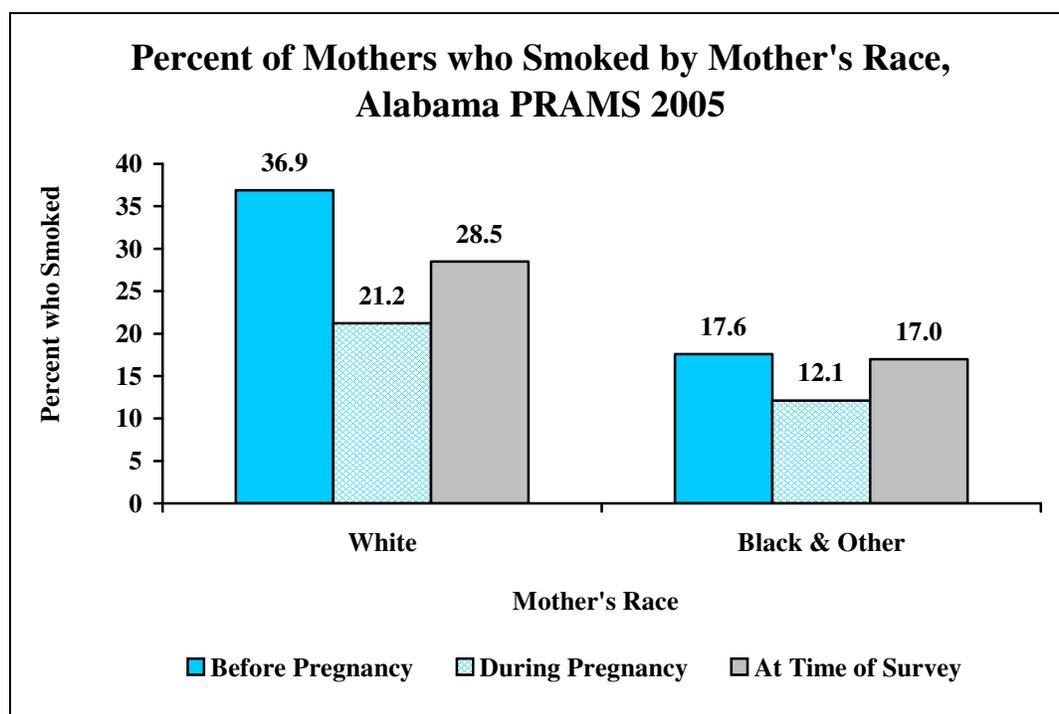
¹ The Centers for Disease Control and Prevention (CDC). Chronic Disease- Preventing Smoking During Pregnancy. <http://www.cdc.gov/nccdphp/publications/factsheets/Prevention/smoking.htm>. Found May 3, 2006.



(Questions 28, 29, & 30 of the PRAMS Survey)

The Healthy People 2010 Objective is to increase abstinence from cigarette smoking by pregnant women to 99 percent. Alabama is not close to achieving this goal. Historically in Alabama, smoking decreases during pregnancy in the majority of women, only to increase again after the birth of their infants. This pattern was repeated in 2005, although 18.6 percent of Alabama mothers continued to smoke while pregnant. In 2005, the increases in smoking seen during the three time periods were not statistically significant.

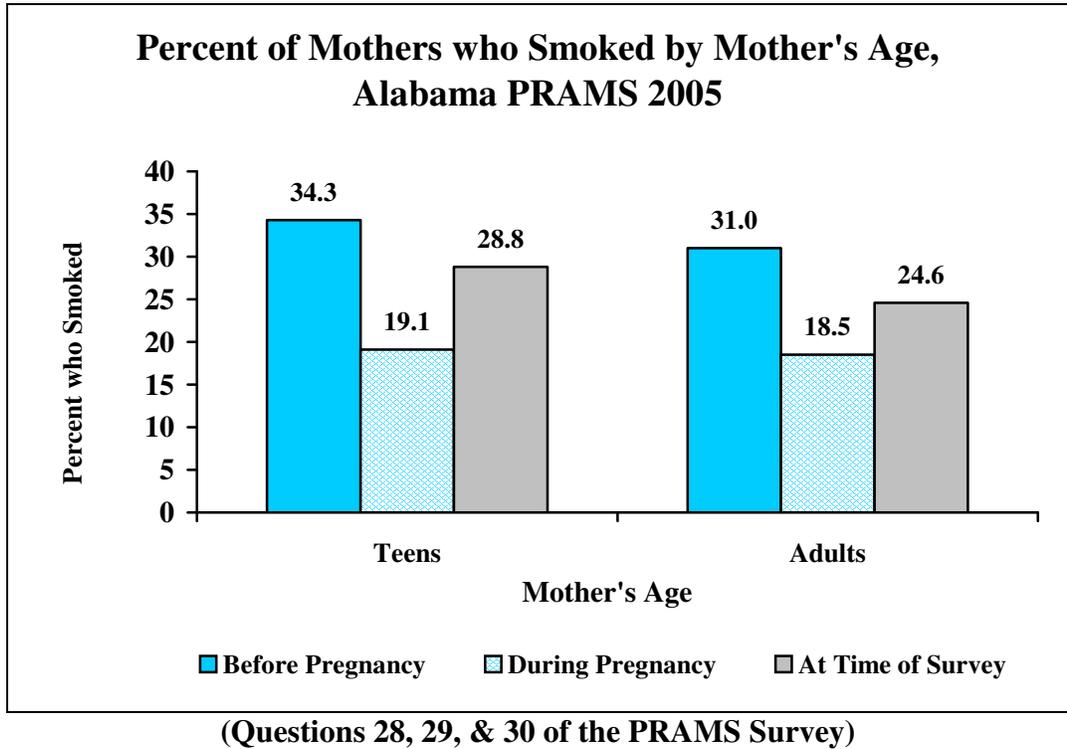
95% Confidence Intervals											
Year/ Smoked	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Before Pregnancy	25.4-30.8	22.7-27.8	23.5-28.8	21.0-26.2	21.9-27.2	20.3-25.6	24.2-29.6	21.7-27.0	20.3-25.7	23.1-29.3	28.2-34.8
During Pregnancy	14.0-18.4	13.1-17.3	12.4-16.5	12.3-16.5	12.0-16.2	11.9-16.1	13.4-17.8	12.3-16.5	11.3-15.6	15.0-20.3	16.0-21.5
At Time of Survey	21.1-26.2	18.6-23.4	20.2-25.1	18.2-23.0	18.4-23.4	17.1-22.0	19.9-24.9	17.4-22.1	15.5-20.4	19.7-25.6	22.2-28.4



(Questions 28, 29, & 30 of the PRAMS Survey)

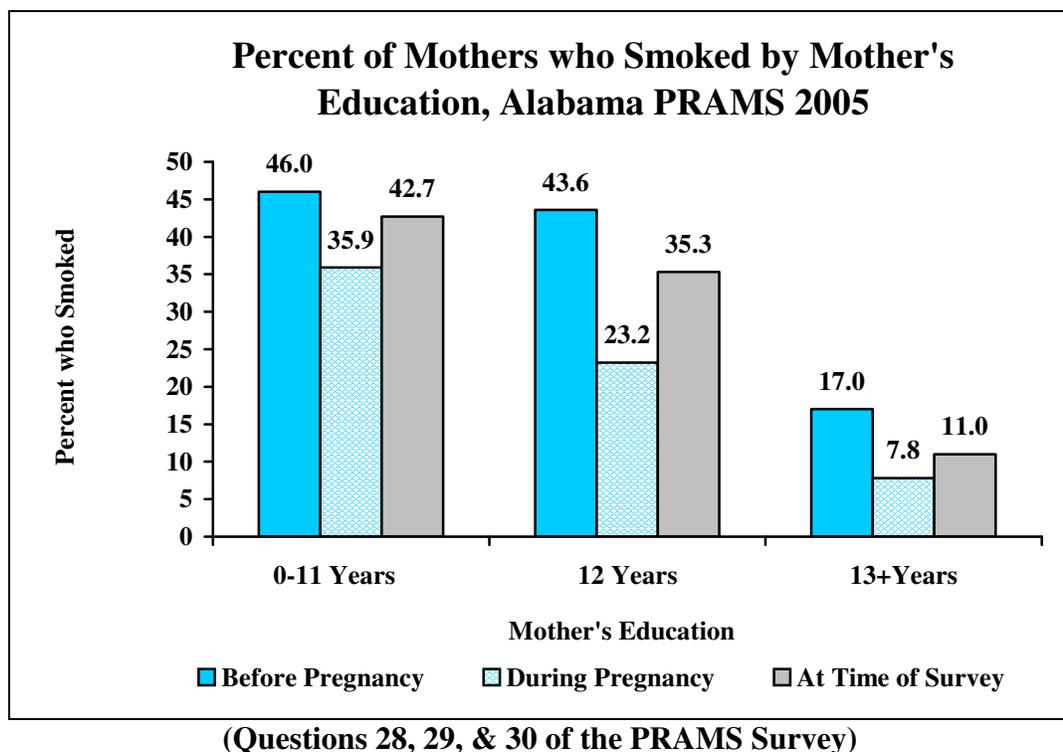
Both white and black and other smokers showed the same trend - smoking decreased during pregnancy but increased again by the time of the survey. Among white smokers, there was a statistically significant decrease in smoking from before pregnancy to during pregnancy. There was also a statistically significant decrease in smoking from before pregnancy to the time of the survey. Among black and other race smokers, the decrease from before pregnancy to during pregnancy and the increase again at time of the survey were not statistically significant changes.

95 % Confidence Intervals			
Smoked/ Race:	Before Pregnancy	During Pregnancy	At Time of Survey
White	33.0-41.0	18.0-24.7	24.9-32.4
Black and Other	13.0-23.4	8.3-17.3	12.5-22.8



In 2005, teen and adult women smokers followed the same pattern - decreasing smoking during pregnancy and increasing after delivery. The decrease in smoking during pregnancy among adult women was statistically significant, but among teen women, the decrease was not statistically significant.

95 % Confidence Intervals			
Smoked/ Age:	Before Pregnancy	During Pregnancy	At Time of Survey
Teens	25.9-43.7	12.8-27.5	21.1-38.1
Adults	27.5-34.6	15.7-21.6	21.5-28.1

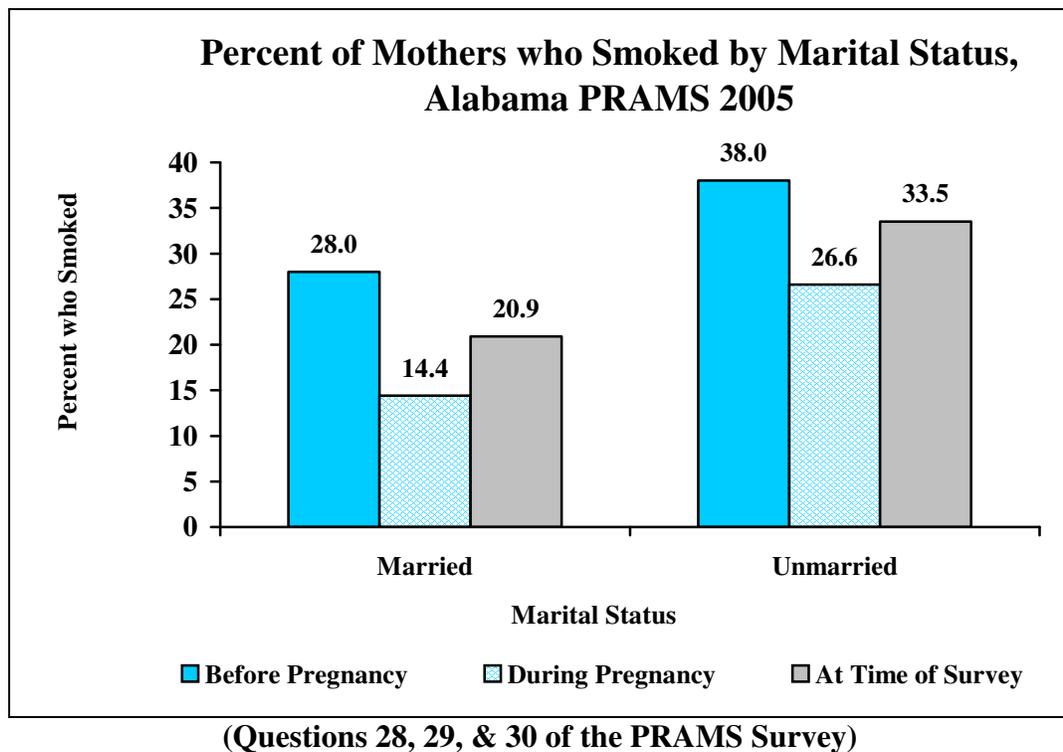


Generally in Alabama, there is an inverse correlation between a woman's educational attainment and smoking: as a woman's level of education *increases*, smoking *decreases*. In 2005, for women with 0-11 years of education who smoked, the differences in smoking before pregnancy, during pregnancy, and at the time of the survey were not statistically significant. In fact, one in three Alabama mothers in this educational level continued to smoke while pregnant.

For women with 12 years of education who smoked, the decrease in the percentage of those who smoked was significant from before pregnancy and during pregnancy. For this group, the increase in smoking from during pregnancy to at the time of the survey was also significant.

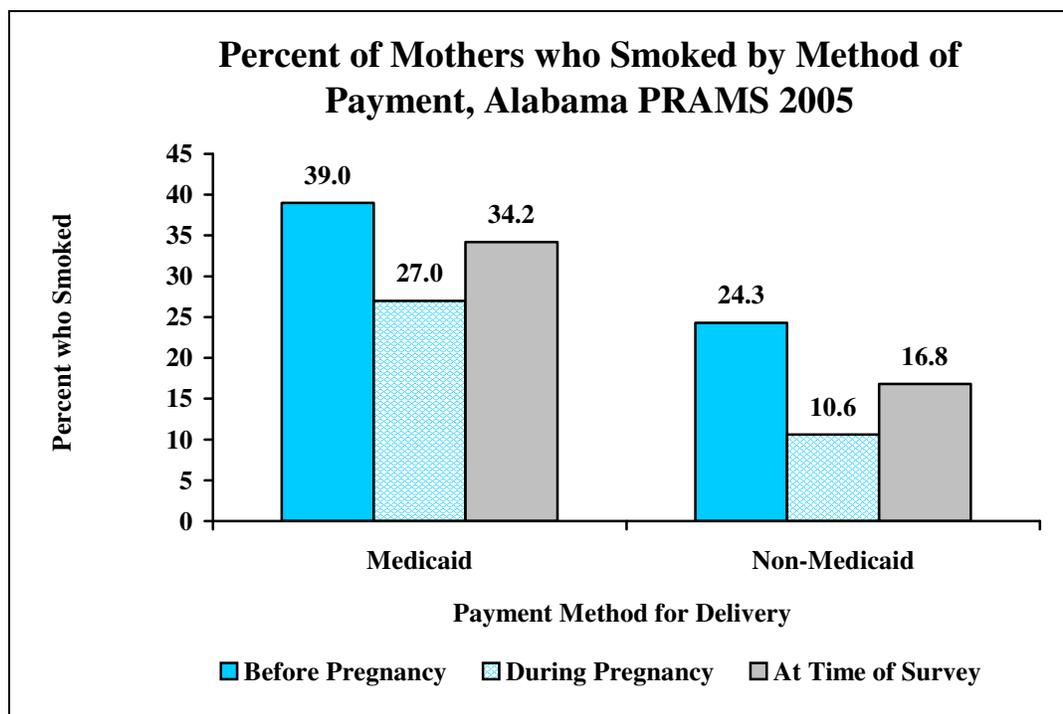
The lower percentages of smoking (before pregnancy, during pregnancy, and after delivery) among women with 13+ years of education were statistically significant from the other two educational groups. The drop in smoking from before pregnancy and during pregnancy was statistically significant.

95 % Confidence Intervals			
Smoked/ Education:	Before Pregnancy	During Pregnancy	At Time of Survey
0-11 Years	38.2-54.1	28.5-43.9	35.0-50.7
12 Years	37.4-50.1	18.3-29.0	29.4-41.6
13+ Years	13.4-21.2	5.5-11.0	8.2-14.6



In 2005, married and unmarried mothers followed the same pattern - they decreased their smoking during pregnancy only to increase it again after delivery. During pregnancy, married women decreased their smoking by nearly 50 percent, which was a statistically significant decrease. Unmarried women decreased smoking while pregnant by 30 percent, which was not statistically significant.

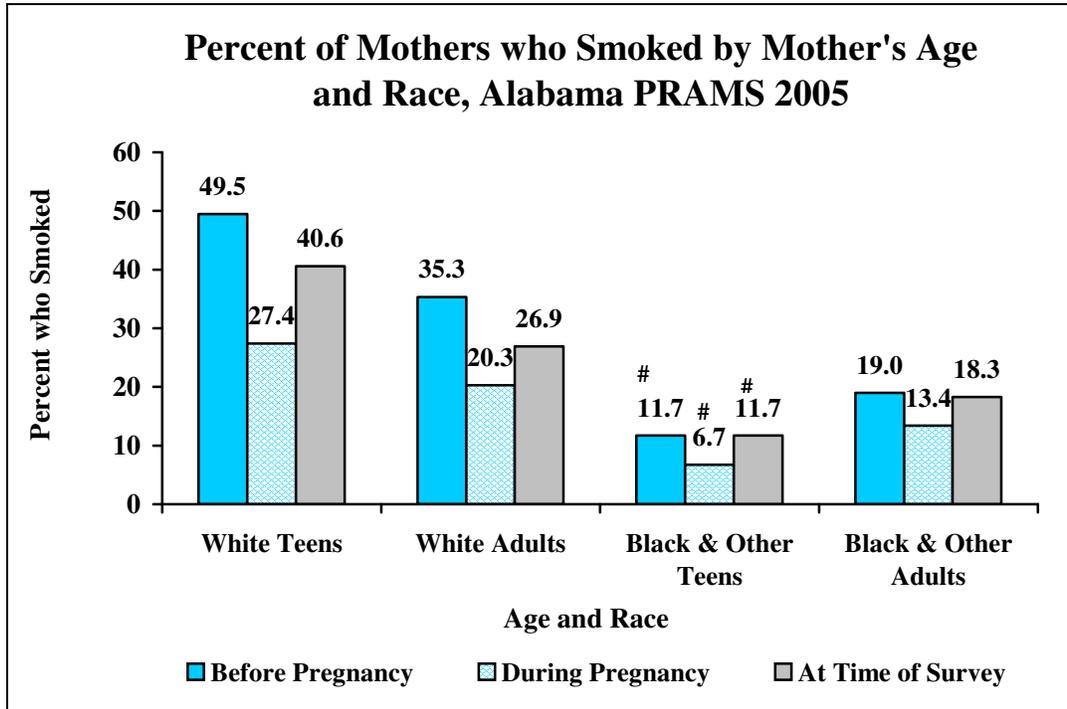
95 % Confidence Intervals			
Smoked/ Marital Status:	Before Pregnancy	During Pregnancy	At Time of Survey
Married	24.2-32.1	11.6-17.7	17.6-24.7
Unmarried	32.2-44.2	21.5-32.5	27.9-39.7



(Questions 28, 29, & 30 of the PRAMS Survey)

In 2004, cigarette smoking was significantly higher among mothers on Medicaid before, during, and after their pregnancies than non-Medicaid mothers. The decreases in smoking from before pregnancy and during pregnancy among Medicaid and non-Medicaid mothers were statistically significant.

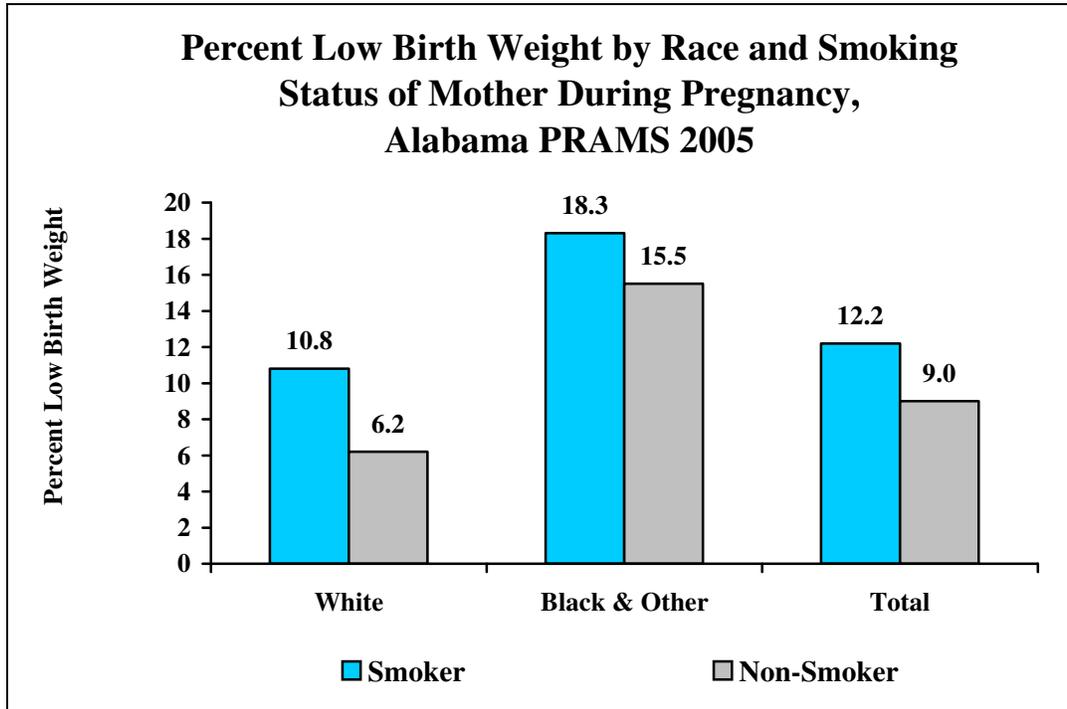
95 % Confidence Intervals			
Smoked/ Payment Method:	Before Pregnancy	During Pregnancy	At Time of Survey
Medicaid	34.2-44.0	22.7-31.8	29.5-39.1
Non-Medicaid	20.1-29.0	7.8-14.2	13.3-21.1



(Questions 28, 29, & 30 of the PRAMS Survey) #Number of Respondents is less than 20

In 2005, a higher percentage of white mothers smoked than did black and other mothers. The decrease in smoking for white adult mothers during pregnancy was statistically significant as was the increase in smoking after pregnancy. White teenage mothers smoked significantly more than black and other teenage mothers before and after pregnancy.

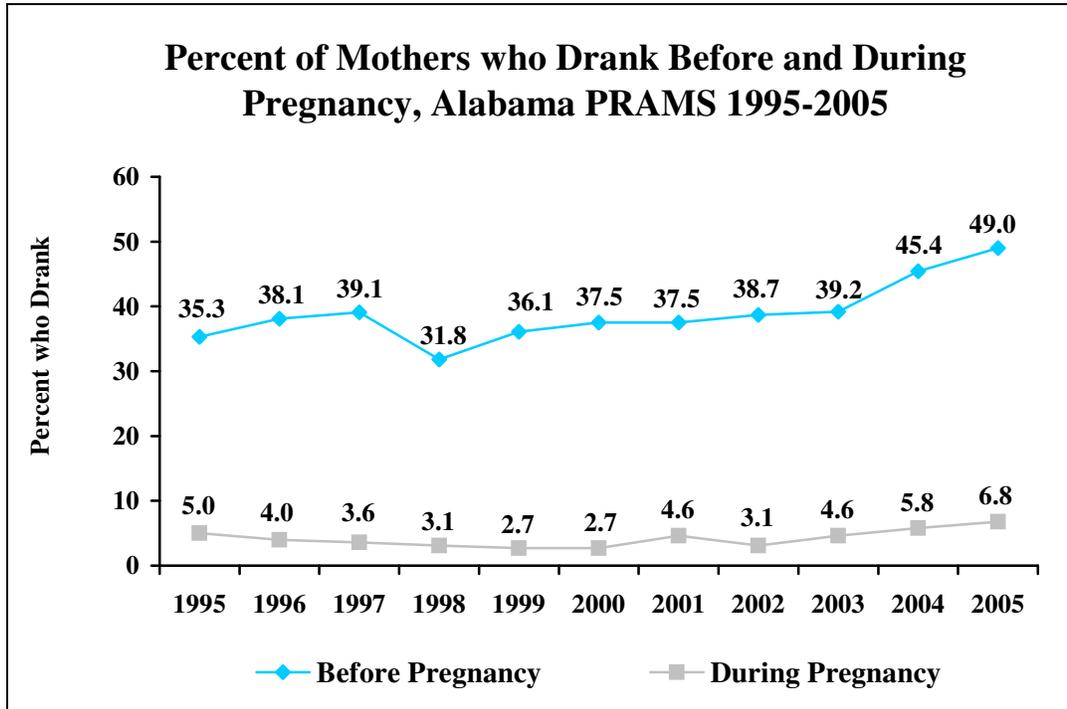
95 % Confidence Intervals			
Smoked/ Race and Age:	Before Pregnancy	During Pregnancy	At Time of Survey
White Teens	37.4-61.6	18.0-39.4	29.3-53.1
White Adults	31.2-39.7	17.0-24.1	23.1-31.0
Black & Other Teens	4.9-25.4	2.1-19.3	4.9-25.4
Black & Other Adults	13.7-25.8	9.0-19.5	13.2-24.9



(Question 29 of the PRAMS Survey)

In 2005, low weight births were more prevalent among mothers who smoked *during their pregnancies* than among mothers who did not smoke during that time. The increase in low weight births to white women who smoked while pregnant was statistically significant compared to white women who did not smoke. No statistical difference was seen in the percentages of low weight births to black and other smokers and black and other non-smokers.

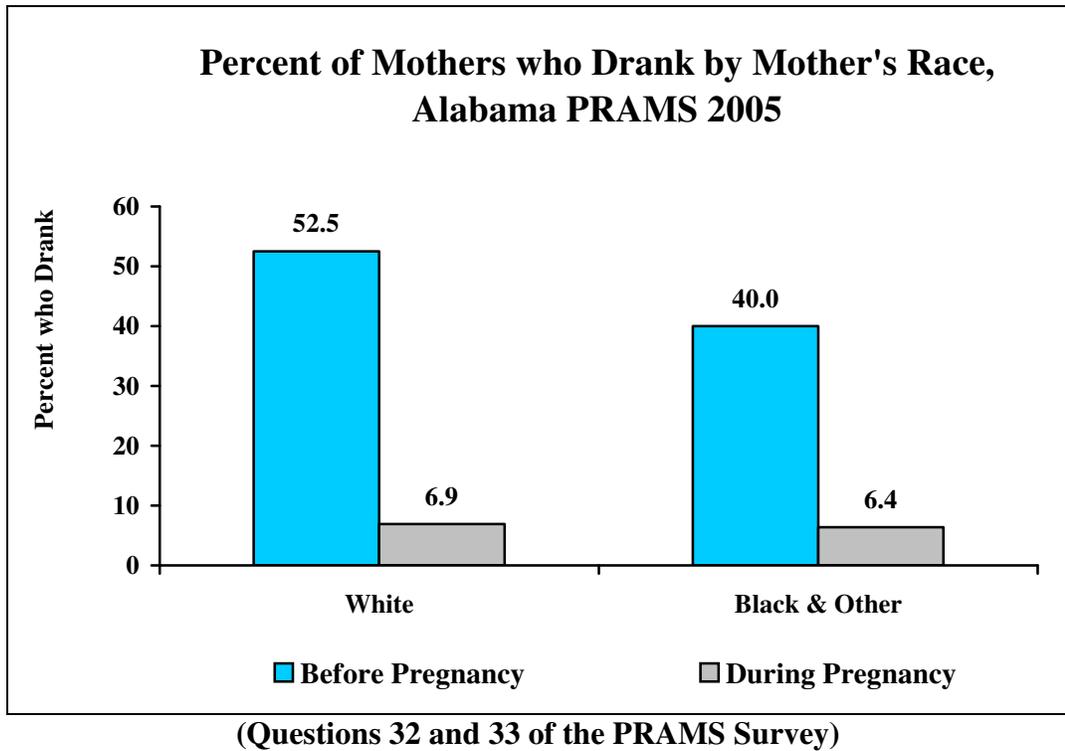
95% Confidence Intervals		
Smoking Status/ Race	Smoker	Non-Smoker
White	8.5-13.6	5.5-6.9
Black & Other	11.2-28.4	13.3-18.0
Total	10.0-14.8	8.5-9.6



(Questions 32 and 33 of the PRAMS Survey)

From 2004 to 2005, there was an increase of nearly 8 percent in drinking *before* becoming pregnant and an increase of 17.2 percent in drinking *during* the last three months of pregnancy reported by Alabama mothers. Neither of these increases from 2004 was statistically significant. For all years, Alabama women did significantly decrease drinking during their pregnancies.

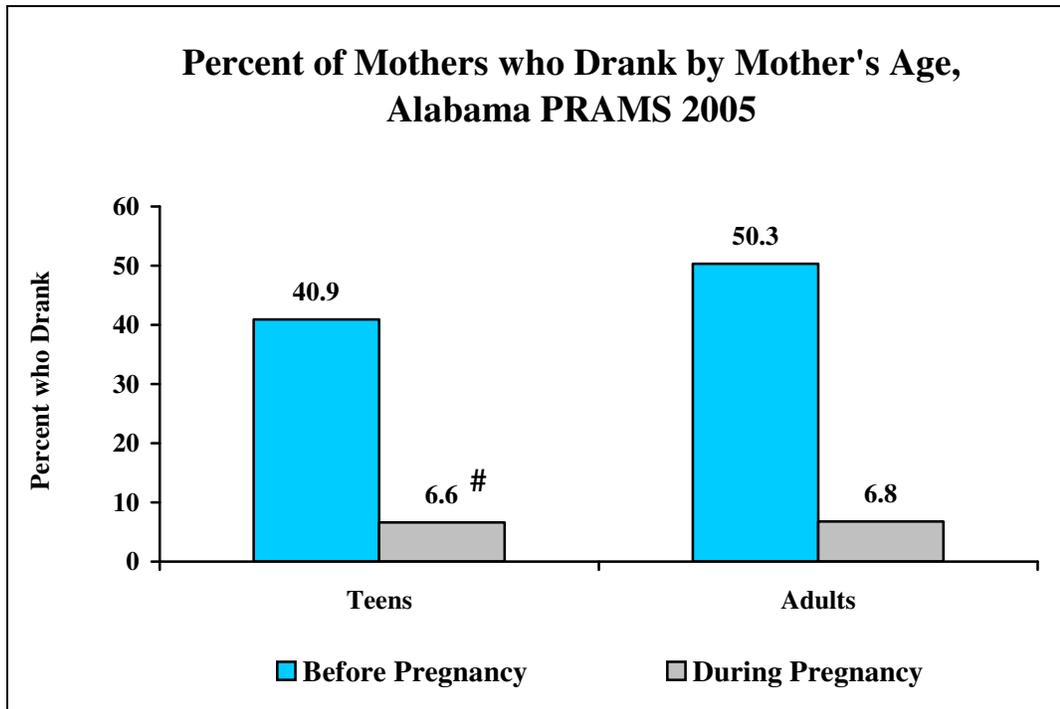
95% Confidence Intervals											
Year/ Drank	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Before Pregnancy	32.4-38.2	35.2-41.0	36.1-42.1	28.9-34.8	33.1-39.2	34.4-40.5	34.5-40.5	35.7-41.8	36.1-42.5	41.8-49.0	45.4-52.6
During Pregnancy	3.6-6.3	2.9-5.2	2.4-4.7	2.0-4.1	1.7-3.7	1.6-3.7	3.3-5.9	2.0-4.2	3.5-6.1	4.3-7.7	5.2-8.8



In 2005, over forty percent of Alabama mothers reported drinking alcoholic beverages *before* becoming pregnant; however a statistically significant decrease was observed in drinking *during* the last three months of their pregnancies.

White mothers drank significantly more before pregnancy than black and other mothers did. The difference between the races drinking during pregnancy was not significant.

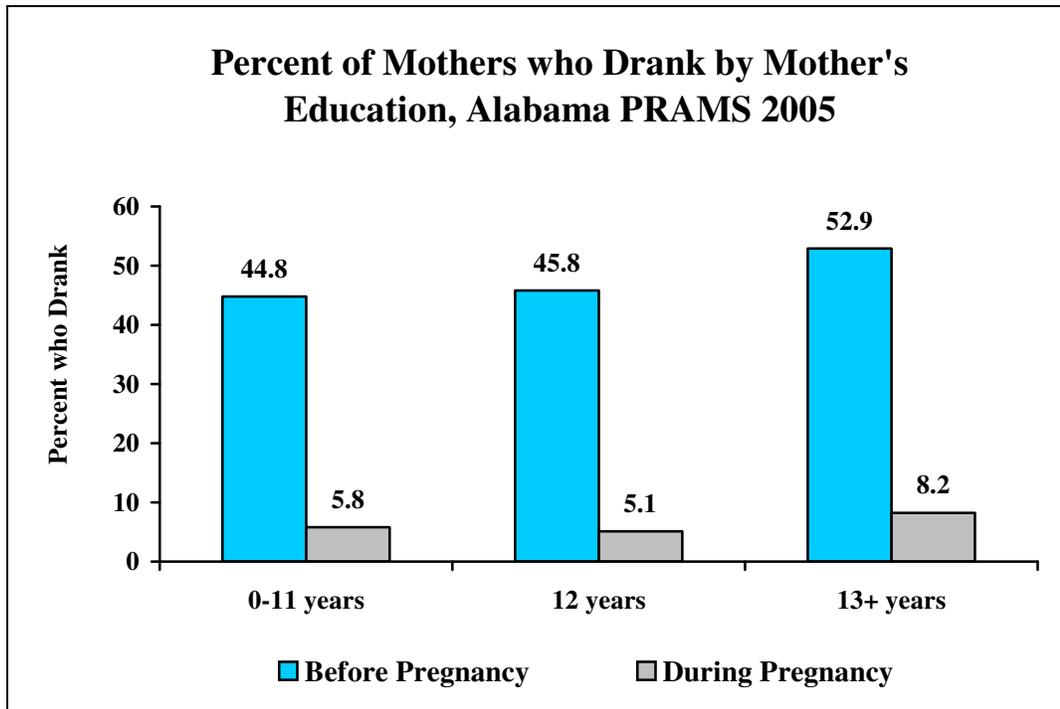
95% Confidence Intervals		
Drank / Race	Before Pregnancy	During Pregnancy
White	48.3-56.8	5.1-9.4
Black and Other	33.6-46.8	3.8-10.5



(Questions 32 and 33 of the PRAMS Survey) # Number of respondents is less than 20.

As expected, a higher percentage of adult women reported consuming alcohol than teenage women. Yet in 2005, 41 percent of teenage mothers reported using alcohol before becoming pregnant and 6.6 percent reported drinking during their pregnancies, despite being underage. In both populations, drinking significantly declined during the last three months of their pregnancies.

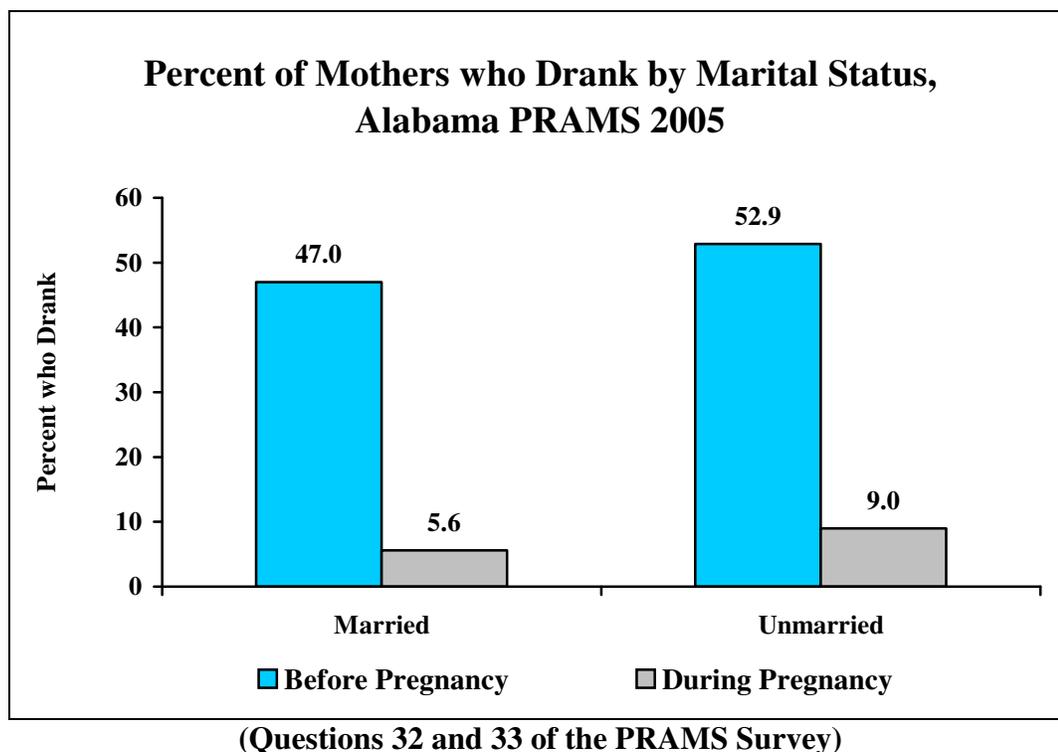
95% Confidence Intervals		
Drank / Mother's Age	Before Pregnancy	During Pregnancy
Teens	32.0-50.4	3.1-13.2
Adults	46.4-54.2	5.1-9.0



(Questions 32 and 33 of the PRAMS Survey) # Number of respondents is less than 20.

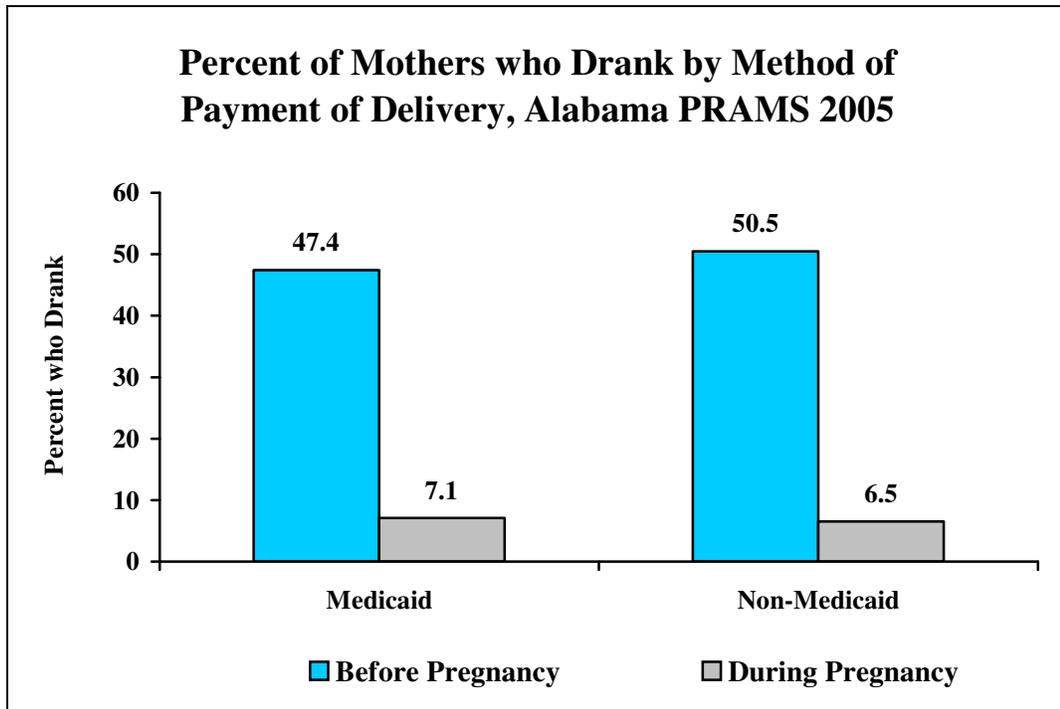
In 2005, women with the higher levels of education were more likely to drink than those women with the lower educational attainment. This could be attributable to age; women with the lower educational levels are probably younger and underage. In each educational level, drinking during pregnancy decreased significantly.

95% Confidence Intervals		
Drank/ Education	Before Pregnancy	During Pregnancy
0-11 years	37.1-52.8	3.1-10.8
12 years	39.4-52.2	3.0-8.6
13+ years	47.7-58.0	5.8-11.5



In 2005, unmarried mothers were more likely to drink *before* and *during* pregnancy than married mothers, but the differences were not statistically significant. Both unmarried and married mothers significantly decreased drinking during the last three months of their pregnancies.

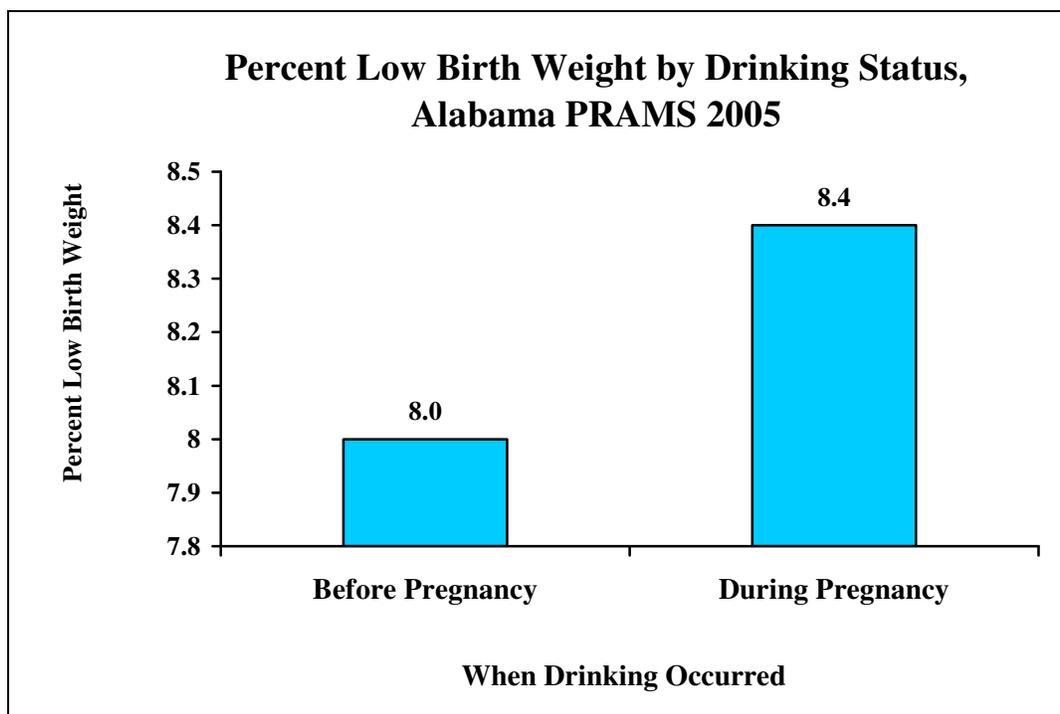
95 % Confidence Intervals		
Drank/ Marital Status	Before Pregnancy	During Pregnancy
Married	42.6-51.4	3.9-7.9
Unmarried	46.7-59.0	6.0-13.3



(Questions 32 and 33 of the PRAMS Survey)

In Alabama in 2005, mothers whose delivery was not paid by Medicaid drank more *before* their pregnancies than did their Medicaid counterparts. However, mothers whose delivery was paid by Medicaid drank more during their pregnancies than did their non-Medicaid counterparts. The differences reported in both groups were not statistically significant, but in both groups, a statistically significant decrease in drinking was reported during the last three months of their pregnancies.

95% Confidence Intervals		
Drank/ Payment Method	Before Pregnancy	During Pregnancy
Medicaid	42.4-52.4	4.8-10.2
Non-Medicaid	45.3-55.6	4.4-9.3



(Questions 32 and 33 of the PRAMS Survey)

In 2005, 8 percent of women who drank before pregnancy had a low weight infant. Among women who drank while pregnant, 8.4 percent delivered a low weight infant. There is no statistically significant difference in the percentage of low weight births to mothers who drank before pregnancy or during pregnancy.

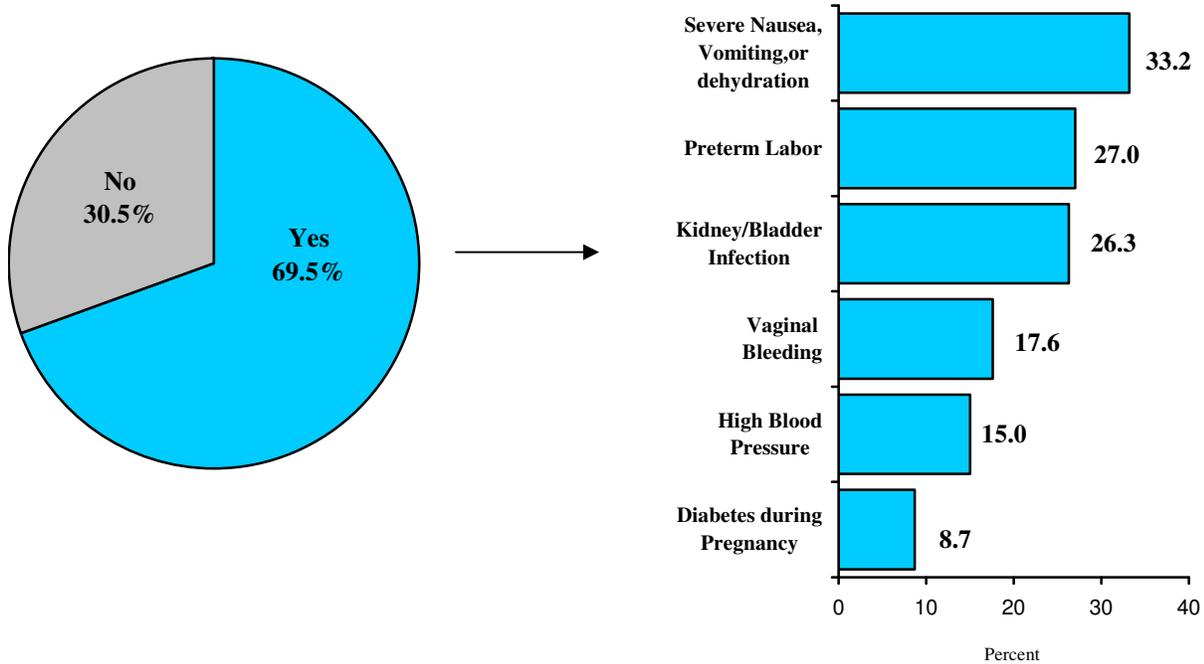
95% Confidence Intervals		
Drank	Before Pregnancy	During Pregnancy
Percent LBW	7.1-9.0	5.6-12.6

Mothers' Negative Health Behaviors Comments

- “Try to quit smoking because your baby deserves that much.”
- “I put down cigarettes as soon as I found out I was pregnant, ate very healthy, took my vitamins, and did no heavy lifting whatsoever.”
- “I encourage all mothers not to use any drugs while pregnant with an unborn child.”
- “Do your best to drop your bad habits that you had before pregnancy.”
- “I agree with outlawing smoking in public areas.”
- “I am an RN in Labor and Delivery and I see first hand the effects of drugs and alcohol on infants. I have even seen babies born dead due to their mother using drugs. It is sickening and we need more education put towards this epidemic.”

HEALTH CARE SYSTEM ISSUES

Mother Experienced a Medical Problem During Pregnancy, Alabama PRAMS 2005

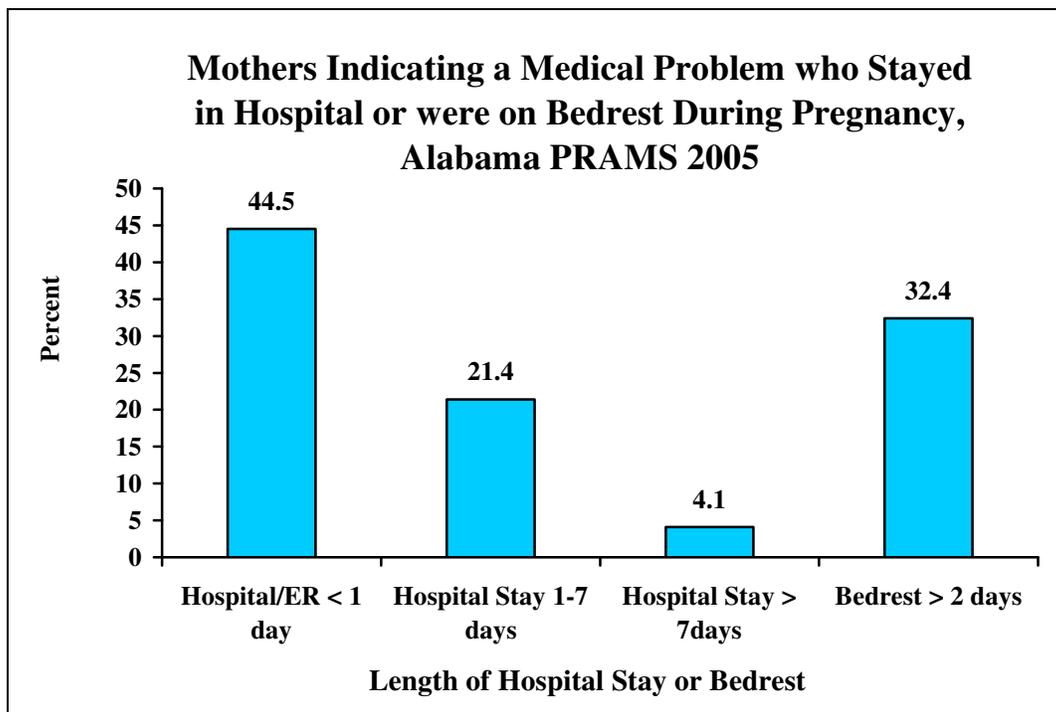


Items are not mutually exclusive, therefore percentages will not equal 100.

(Question 25 of the PRAMS Survey)

In 2005, 70 percent of Alabama Mothers reported having a medical problem during their pregnancy. Of those, the highest percentage (33.2) reported having nausea, vomiting, and/or dehydration. Over one in four mothers reported experiencing preterm labor or a kidney/bladder infection. About 18 percent of mothers reported vaginal bleeding, while 15 percent of mothers reported having high blood pressure. Nearly one in ten developed gestational diabetes.

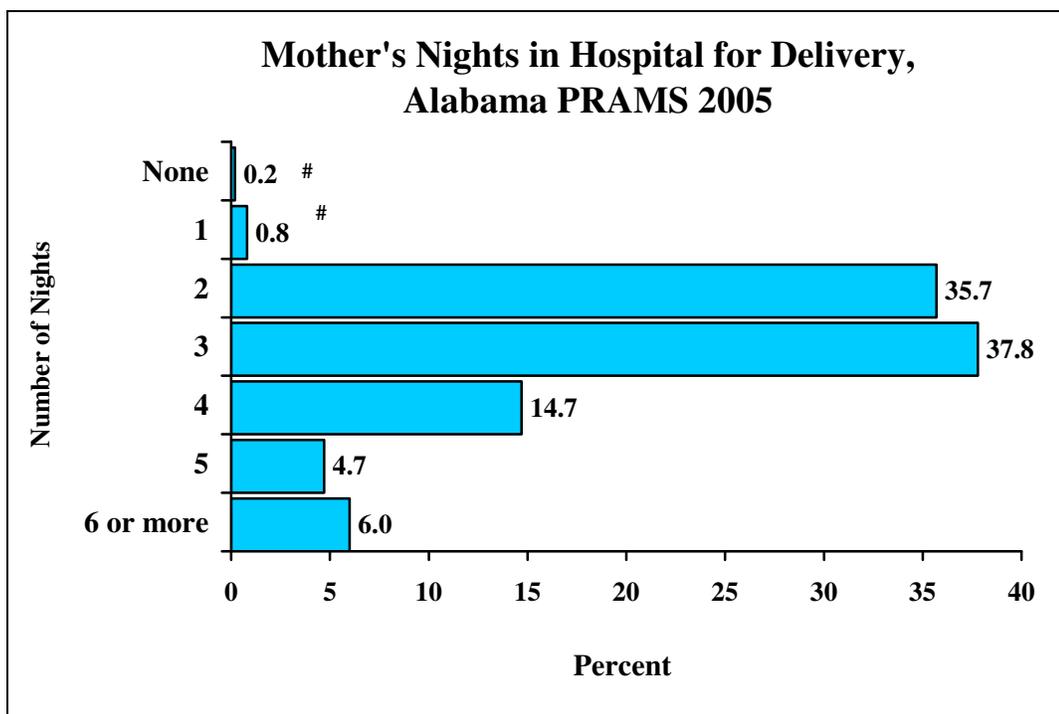
95% Confidence Intervals								
Problems	Yes	No	Nausea, vomiting or dehydration	Preterm labor	Kidney/Bladder infection	Vaginal Bleeding	HBP	Diabetes During Preg.
Percent	27.2-33.9	66.1-72.8	29.9-36.6	24.1-30.2	23.3-29.5	15.1-20.4	12.7-17.6	6.9-10.9



(Question 26 of the PRAMS Survey)

Mothers who answered “Yes” to experiencing at least one medical problem during their pregnancy were asked if they stayed in the hospital or were on bed rest because of the medical problem. Of those who reported at least one problem, nearly 45 percent of mothers visited a hospital and stayed less than a day; 21.4 percent stayed from one to seven days; 4.1 percent stayed longer than seven days; and 32.4 percent stayed in bed for more than two days at a doctor’s or nurse’s advice.

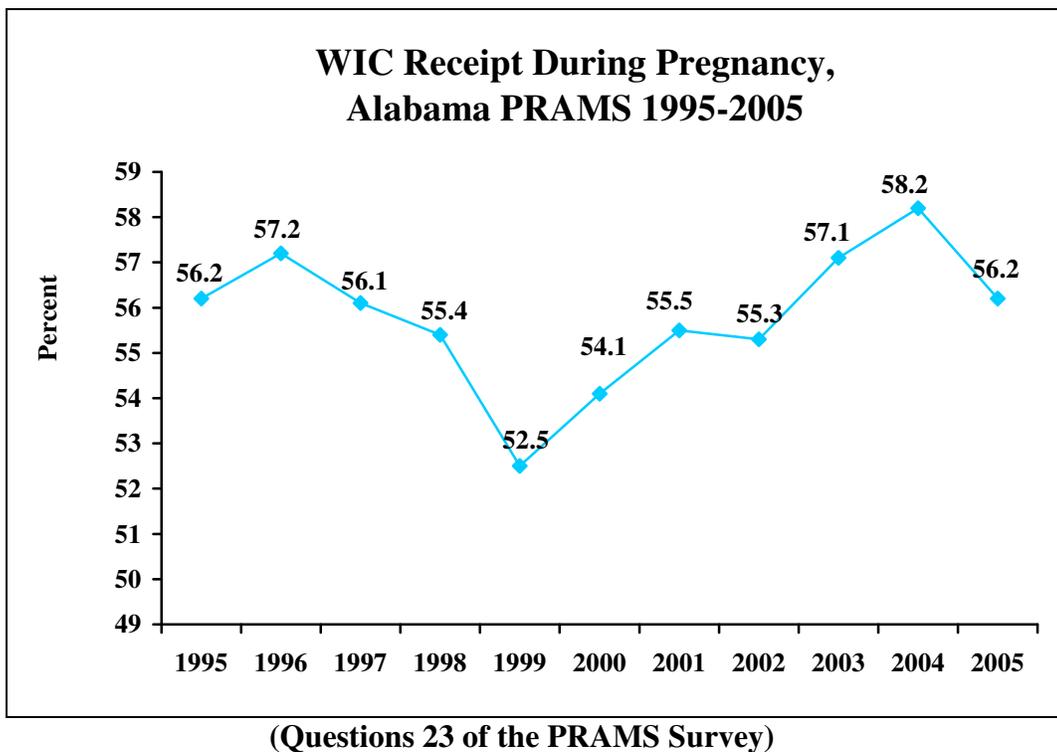
95% Confidence Intervals				
Length of Stay or bedrest	Hospital or ER < 1 day	Hospital Stay 1-7 days	Hospital Stay >7 days	Bedrest > 2 days
Percent	40.1-48.9	18.2-25.0	2.9-5.7	28.4-36.7



(Questions 38 and 40 of the PRAMS Survey) #Number of Respondents is less than 20

In 2005, the majority of Alabama mothers stayed two nights (36 percent) or three nights (38 percent) in the hospital following delivery of their infants. Less than one percent reported staying only one night and one in four mothers reported staying four or more nights.

95% Confidence Intervals							
Number of Nights	None	1	2	3	4	5	6 or more
Percent	0.0-1.1	0.3-0.4	32.3-39.3	34.3-41.3	12.4-17.4	3.5-6.4	4.8-7.6



WIC or the Special Supplemental Nutrition Program for Women, Infants, and Children is one of the nation’s most successful nutrition programs, providing proper nutrition to pregnant women, breastfeeding women, women who had a baby within the last six months, infants, children under the age of five, and who meet eligibility guidelines.

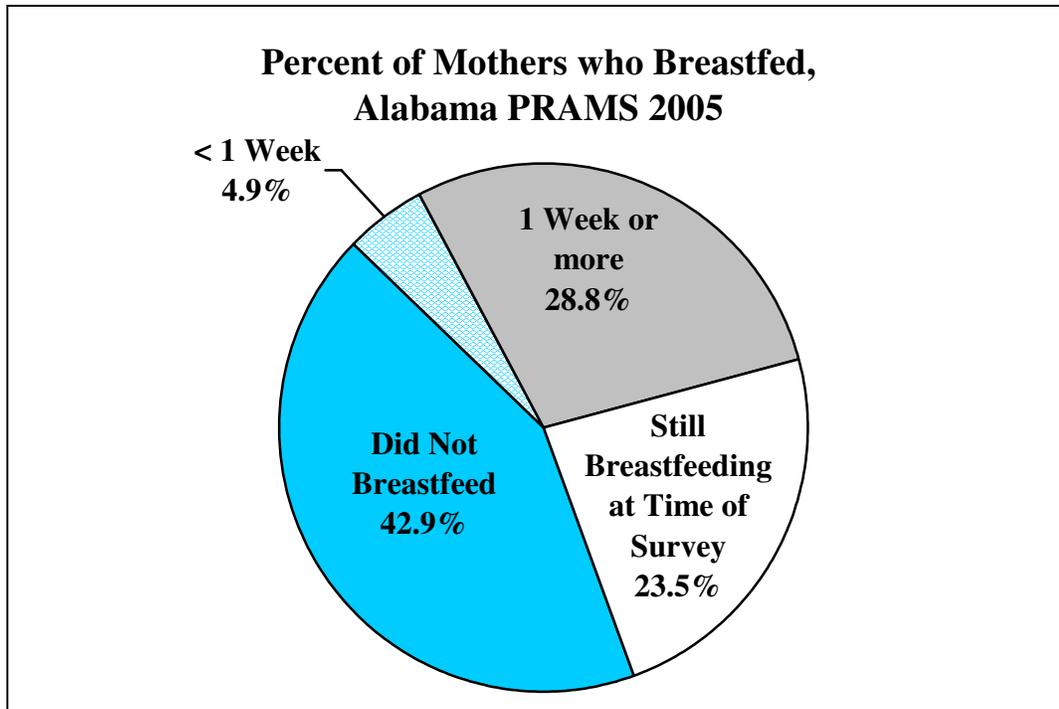
In 2005, 56.2 percent of Alabama mothers received WIC benefits.

95% Confidence Intervals											
Year	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Percent	54.1-58.2	55.0-59.4	53.8-58.3	53.1-57.7	50.0-54.9	51.7-56.5	53.1-57.8	53.0-57.7	54.5-59.6	55.5-60.9	53.5-58.8

Mothers' Health Care System Comments

- “Even though some families are overqualified for WIC, this does not mean they do not need some kind of assistance with a new baby such as discount programs, formula and diapers discounts/gifts, or some kind of rebate program.”
- “I was pregnant with twins and I went to a very good doctor but he seem [sic] to not know much about multiple pregnancies, so I was left to understand most things on my own through books!”
- “I believe that the state of Alabama does so much more than other states for mothers who are in lower income brackets because my prenatal, delivery, and post natal care were taken care of through the MOM Care program.”
- “There’s a lot of things that the doctors don’t tell you and I think they should.”
- “I had to pay for my baby’s well child visits after she was born because of problems with insurance and I don’t have the money to pay for it. Insurance companies should make sure these doctors visits are paid for.”
- “I am thankful that the state does newborn hearing test...Please keep improving the variety of test required.”
- “I was very well taken care of me and my baby both. The hospital was great. The doctors and nurses was [sic] also great.”
- “There really needs to be a public health care system in place for the general population. We had to drop our private insurance due to the cost of premiums.”
- “Insurances deductibles were too high to go each time. I really needed to so I had to do some self diagnosis for some issues and only go when it seemed urgent.”
- “I am thankful for all the knowledge I received from my doctors and nurses in the hospital.”
- “I believe that there should be more education by the OB Floor after the baby comes. They should demonstrate things like how to pick up the baby, how to position the baby, feeding schedules and amount the newborn should be fed. They should never assume you already know it.”
- “Thanks to having private insurance I was able to speak to my doctor about certain situations that were going on in my life and he was able to assist me. I feel that if I had Medicaid, the physician would not have taken the time to help me with my mental stress.”
- “The Gift of Life Program and WIC are very informative and helpful.”
- “The labor and delivery nurses should be a little more educated.”
- “I feel that all mothers in Alabama, and all the other 49 states need better ways of receiving health care for themselves and their babies besides just Medicaid, WIC, and food stamps.”
- “I think that single parents with low-income should be able to get Medicaid because they can’t afford health care.”

BREASTFEEDING

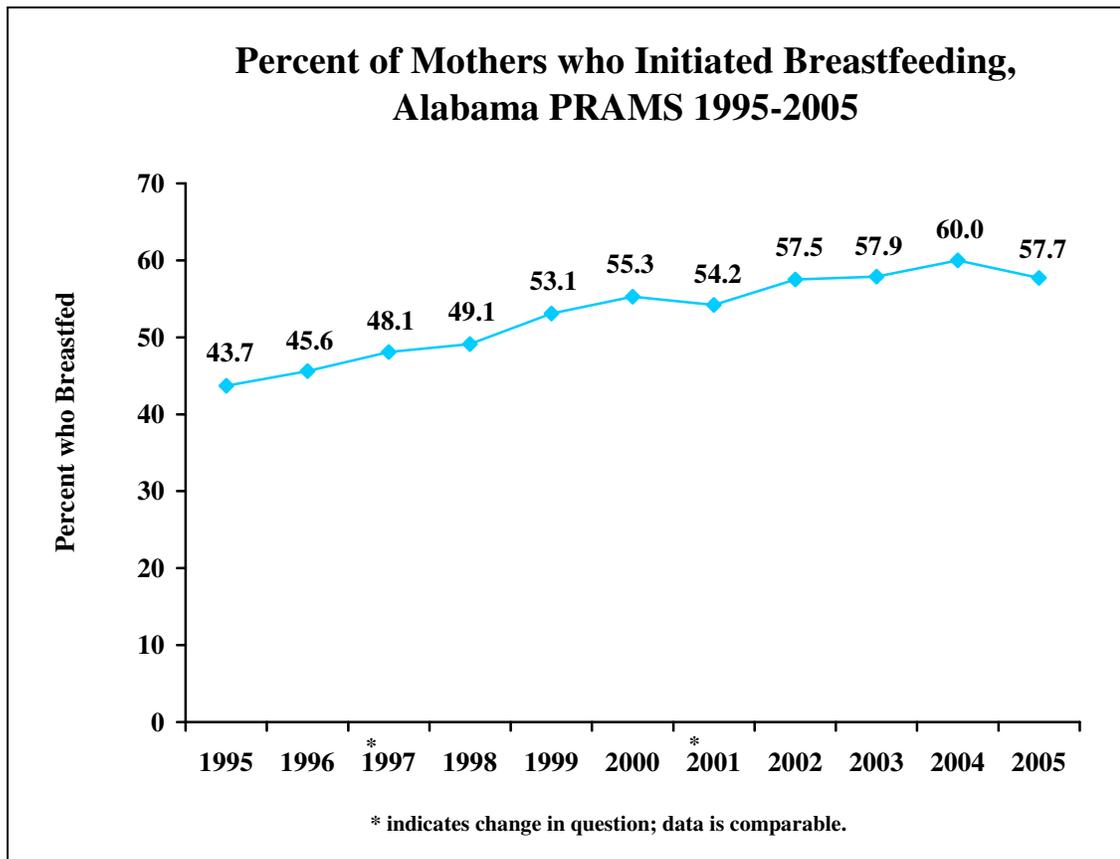


(Questions 46, 48, and 49 of the PRAMS Survey)

Numerous benefits are associated with breastfeeding, not only for the infant but for the mother as well. The Healthy People 2010 Objective is to increase the percentage of mothers who breastfeed their babies in the early postpartum period to 75 percent.

In Alabama in 2005, 43 percent of mothers did not attempt to breastfeed their babies. Only one in four Alabama mothers were still breastfeeding their infants at the time of the survey, two to six months after delivery.

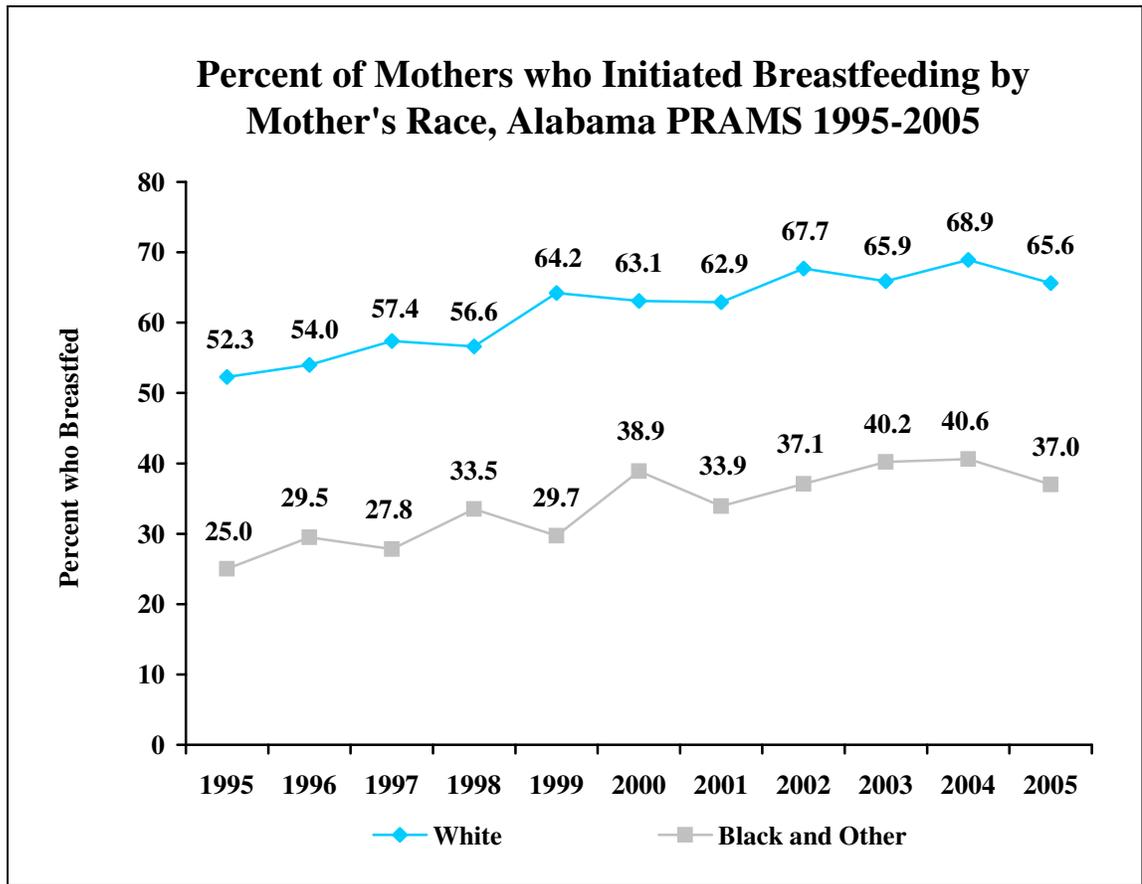
95% Confidence Intervals				
Time Breastfed:	Did Not Breastfeed	<1 week	1 week or more	Still Breastfeeding
Percent	39.4-46.4	3.5-6.7	25.6-32.2	20.6-26.6



(Question 46 of the PRAMS Survey)

From 1995-2005, the percentage of Alabama mothers who initiated breastfeeding increased eight out of the eleven years. In 2005, 57.7 percent of mothers reported they initiated breastfeeding; however, from 2001-2005, the changes have not been statistically significant. Comparing 1995 and 2005 data, there has been a statistically significant increase of 32 percent in mothers who initiated breastfeeding.

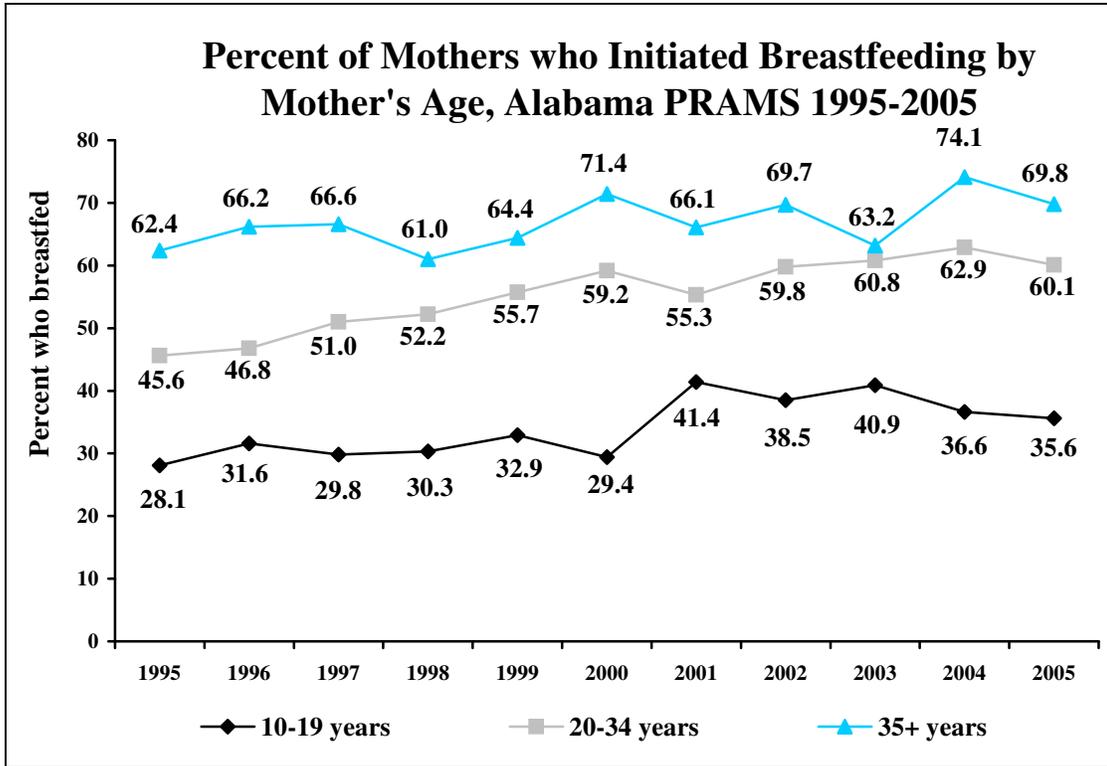
95% Confidence Intervals											
Year	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
% B-feeding	40.8-46.6	42.7-48.5	45.1-51.0	46.0-52.2	50.0-56.1	52.3-58.3	51.2-57.3	54.5-60.5	54.7-61.1	56.5-63.4	54.2-61.1



(Question 46 of the PRAMS Survey)

From 1995 to 2005, there has been a statistically significant increase in breastfeeding in both racial groups. The prevalence of breastfeeding has been consistently higher among white women compared to black and other race women. The slight decreases seen in 2005 from the 2004 percentages are not statistically significant.

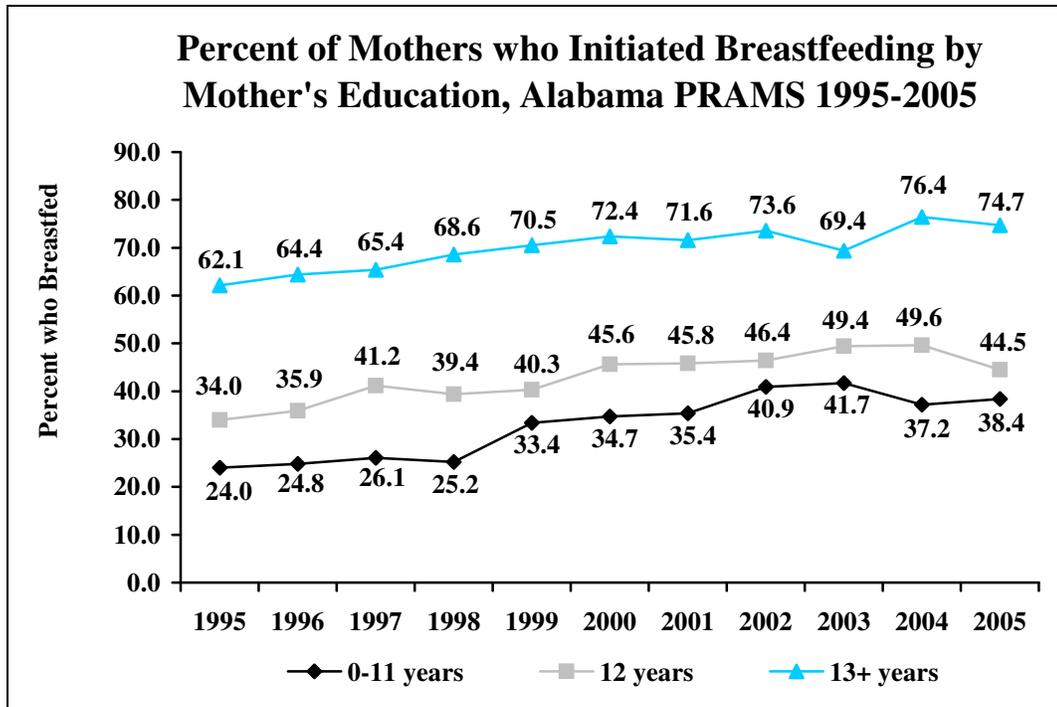
95% Confidence Intervals											
Year/ Race	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
White	48.7-55.9	50.3-57.6	53.8-61.1	52.8-60.3	60.6-67.9	59.4-66.8	59.2-66.6	64.1-71.2	62.0-69.6	64.8-72.8	61.5-69.4
Black and Other	20.3-29.7	24.5-34.4	22.8-32.9	27.9-39.0	24.6-34.8	33.3-44.4	28.7-39.1	31.7-42.4	34.5-46.1	34.3-47.2	30.7-43.9



(Question 46 of the PRAMS Survey)

During the period of 1995 through 2005, the percentage of women initiating breastfeeding has increased in all three age groups. When examining each group, the oldest mothers, 35 plus years, had the highest percentage of breastfeeding with teenage mothers having the lowest percentage. Of the three age groups, only the increase seen among mothers 20-34 years of age has been statistically significant.

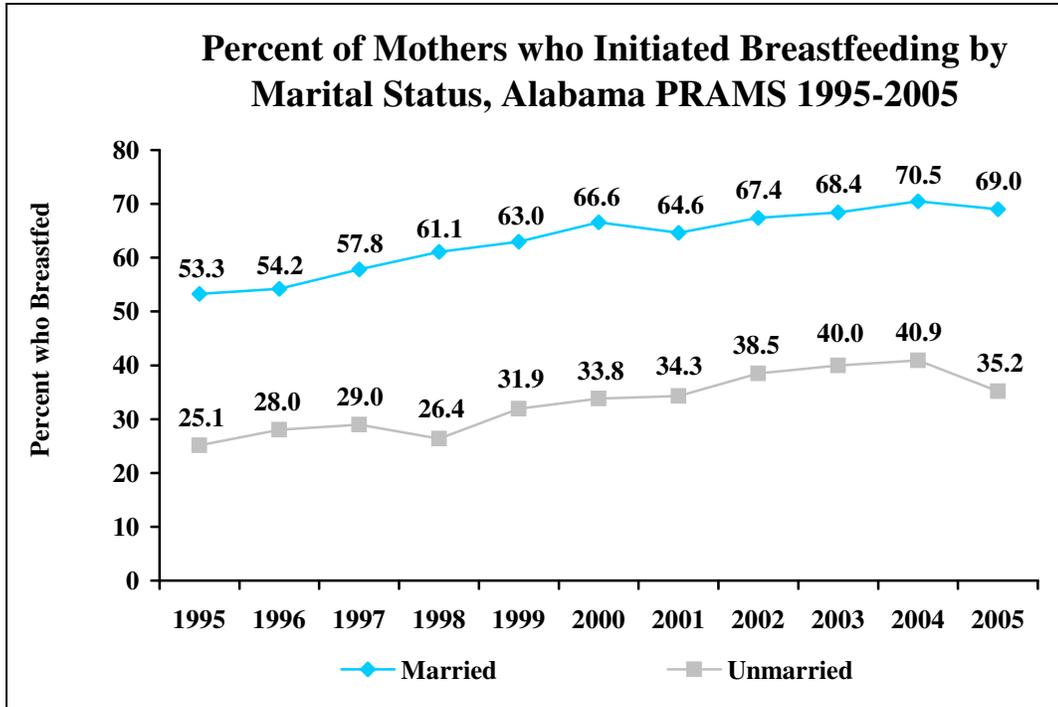
95% Confidence Intervals											
Year/ Age	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
10-19	21.8-34.4	25.2-38.0	23.6-36.0	23.6-37.0	25.8-40.1	22.2-36.7	33.7-49.2	30.9-46.1	32.6-49.7	28.1-45.9	27.0-45.2
20-34	42.2-49.1	43.3-50.2	47.5-54.6	48.6-55.8	52.1-59.3	55.8-62.7	51.7-58.8	56.2-63.3	57.0-64.4	58.8-66.8	56.1-64.0
35+	51.5-73.2	56.6-75.7	55.6-77.5	49.3-72.6	54.8-73.9	60.0-82.8	56.3-76.0	59.8-79.6	51.4-73.6	62.1-83.3	58.0-79.4



(Question 46 of the PRAMS Survey)

In Alabama, breastfeeding prevalence is highest among women with 12 or more years of education. Comparing percentages from 1995 to percentages in 2005, there have been significant increases in breastfeeding among Alabama mothers with 0-11 years of education and Alabama mothers with 13+ years of education. From 1995-2005, the changes reported among Alabama mothers with 12 years of education are not statistically significant. The changes reported from 2004 to 2005 are not statistically significant.

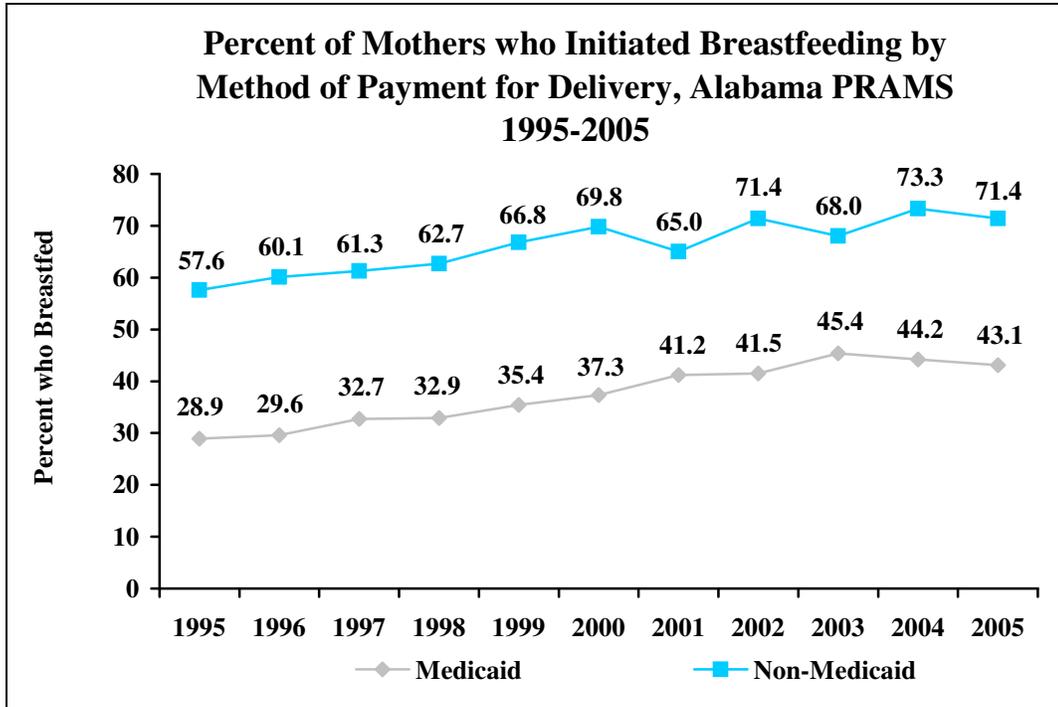
95% Confidence Intervals											
Year/ Educ.	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
0-11 yrs.	18.3-29.6	19.4-30.2	20.4-31.8	19.5-31.0	26.8-39.9	28.0-41.4	29.6-41.2	34.4-47.5	34.4-49.4	29.6-45.6	30.8-46.6
12 yrs.	29.1-38.8	30.9-41.0	36.1-46.2	33.9-44.8	34.8-45.7	40.2-50.9	40.2-51.5	40.7-52.0	43.4-55.5	43.0-56.2	38.2-50.9
13+ yrs.	57.6-66.5	60.0-68.9	60.9-70.0	64.2-73.0	66.2-74.8	68.0-76.8	67.2-76.0	69.4-77.8	64.8-73.6	71.7-80.5	69.9-79.0



(Question 46 of the PRAMS Survey)

Comparing 1995 levels to 2005 levels, there have been statistically significant increases in breastfeeding initiation in married women, but not in unmarried women. Over the past eleven years, the percentage of mothers who initiated breastfeeding has been significantly higher among married mothers compared to unmarried mothers. Factors affecting this trend include that married mothers may be older and have a higher educational attainment than their unmarried counterparts.

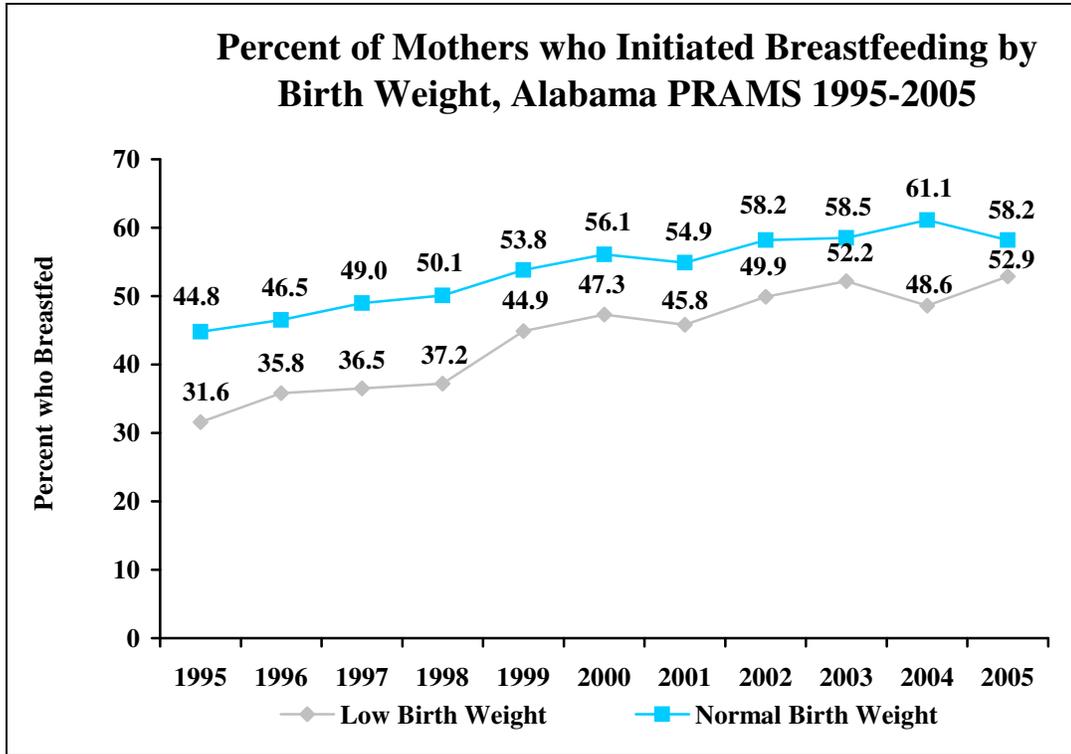
95% Confidence Intervals											
Year/ Married Status	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Married	49.6-56.9	50.5-57.9	54.0-61.6	57.2-64.9	59.3-66.7	63.0-70.3	60.8-68.3	63.7-71.2	64.5-72.0	66.2-74.4	64.8-73.0
Unmarried	20.5-29.6	23.2-32.8	24.3-33.8	21.7-31.1	26.8-37.1	28.5-39.0	29.4-39.2	33.4-43.6	34.5-45.7	34.9-47.2	29.5-41.4



(Question 46 of the PRAMS Survey)

From 1995 through 2005 in Alabama, women whose delivery was not paid by Medicaid were significantly more likely to breastfeed their infants than those women whose delivery was covered by Medicaid. When comparing percentages in 1995 to those in 2005, each group has significantly increased in the percentage of women who initiated breastfeeding their infants.

95% Confidence Intervals											
Year/ Payment	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Medicaid	25.1-32.7	25.6-33.5	28.6-36.8	28.7-37.1	31.1-39.7	33.0-41.7	36.9-45.5	37.1-45.8	40.8-50.2	39.2-49.3	38.1-48.2
Non-Medicaid	53.3-61.9	55.8-64.3	57.0-65.5	58.4-67.1	62.5-71.0	65.6-74.0	60.7-69.3	67.2-75.5	63.5-72.2	68.4-77.7	66.5-75.9

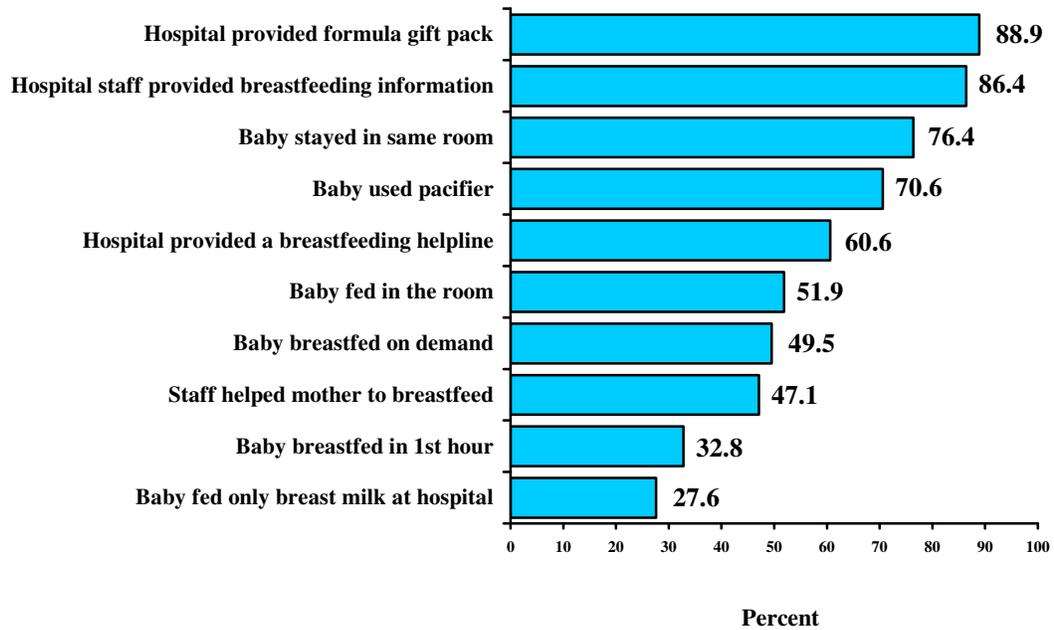


(Question 46 of the PRAMS Survey)

Of babies born in 2005 at a normal birth weight, 58.2 percent were breastfed. Of low birth weight babies, that is, weight less than 2,500 grams, 52.9 percent were breastfed, which may be related to a separation from the mother if the infant was admitted to the neonatal intensive care unit. Comparing 1995 percentages with 2005 percentages, there have been statistically significant increases in both groups initiating breastfeeding.

95% Confidence Intervals											
Year/ BW	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
LBW	29.0-34.3	33.0-38.6	33.6-39.5	33.7-40.7	41.3-48.6	43.7-50.8	42.4-49.1	46.3-53.5	48.6-55.8	44.8-52.5	48.8-57.0
NBW	41.6-47.9	43.3-49.6	45.8-52.2	46.8-53.4	50.5-57.1	52.8-59.4	51.6-58.3	54.9-61.5	55.0-62.0	57.3-64.8	54.3-61.9

Breastfeeding Events at Hospital after Delivery, Alabama PRAMS 2005

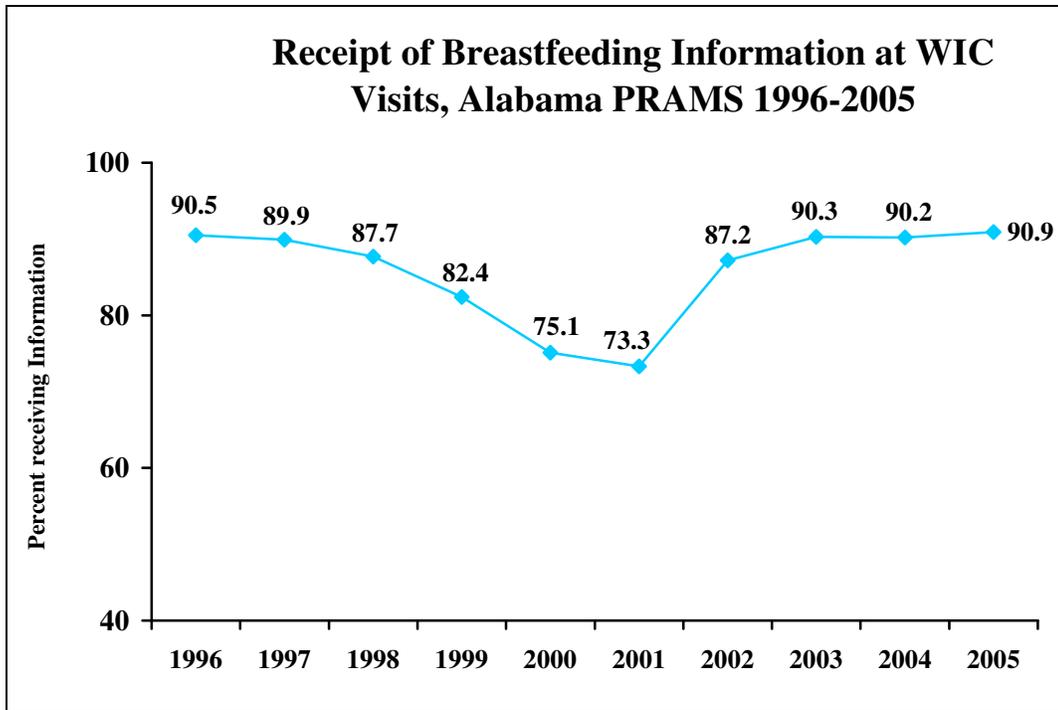


(Question 52 of the PRAMS Survey)

One Healthy People 2010 objective is for at least 75 percent of mothers to breastfeed their infants in the first six weeks after delivery. In 2005, only 57.7 percent of Alabama mothers initiated breastfeeding to some degree. About 47 percent of mothers reported they received direct help from hospital staff in learning how to breastfeed their babies, whereas 86 percent reported the hospital provided them information on breastfeeding. Thirty-three percent reported they breastfed their babies in the first hour after delivery. Only 27.6 percent reported that their infants received breast milk exclusively while in the hospital, and almost 90 percent were given a formula gift pack to take home upon discharge.

95% Confidence Intervals					
Events	Given gift pack	Breastfeeding information	Baby in room	Baby used pacifier	Breastfeeding helpline
Percent	86.4-91.0	83.7-88.7	73.3-79.2	67.2-73.8	57.1-64.0

95% Confidence Intervals					
Events	Fed in room	Breastfed on demand	Staff helped	Breastfed in first hour	Fed only breast milk in hospital
Percent	48.4-55.4	45.9-53.1	43.6-50.7	29.5-36.3	24.6-30.9



(Question 24 of the PRAMS Survey)

A goal of WIC is to educate pregnant women about breastfeeding and to increase its prevalence among Alabama mothers. During 2005, 91 percent of mothers receiving WIC benefits reported they received breastfeeding information during their WIC visits.

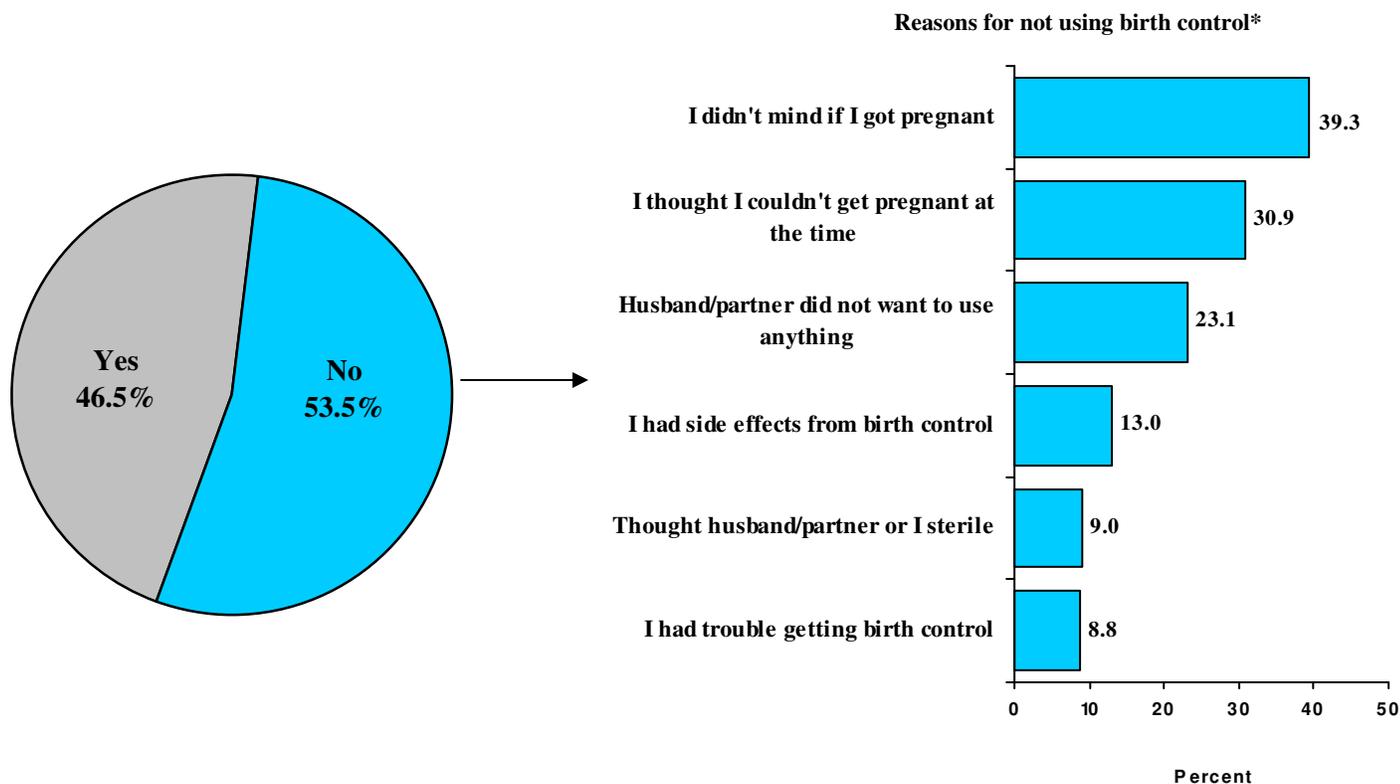
95% Confidence Intervals										
Year	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Rec'd Information	88.3-92.7	87.6-92.2	85.2-90.3	79.3-85.6	71.6-78.7	69.9-76.8	84.3-90.1	87.2-92.7	87.1-92.7	87.8-93.2

Mothers' Breastfeeding Comments

- “Breastfeeding is beautiful. However, all mothers may not have a desire to breastfeed.”
- “I only used formula for 1 week to supplement 20 to baby’s low blood sugar. Now we are 100% breast milk!”
- “I would also like to see a push for more places to breastfeed in public areas or at least the idea that breastfeeding in public is an okay practice.”
- “I did not exclusively breastfeed because I felt the baby needed to grown [sic] more rapidly than milk supply could nourish her.”
- “Society should allow women to make up their own mind without pressure to breastfeed.”

CONTRACEPTION

Mother *Not* Planning Pregnancy using Birth Control at Conception, Alabama PRAMS 2005



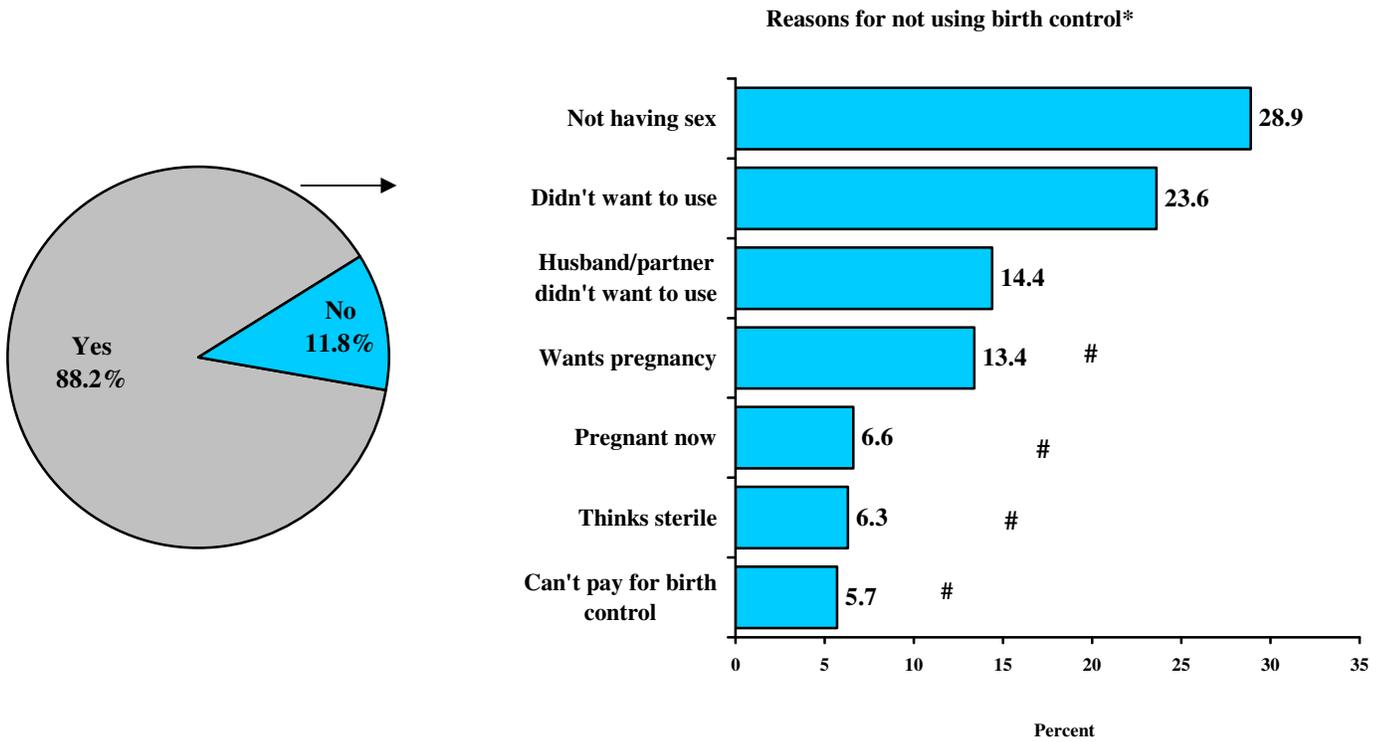
(Questions 11,12, & 13 of the PRAMS Survey) * Items are not mutually exclusive.

In 2005, 53.5 percent of Alabama mothers *who did not want a pregnancy* answered “no” to using any kind of birth control to prevent it. A Healthy People 2010 objective is to increase the proportion of females at risk of unintended pregnancy who use contraception to 100 percent.

Not minding a pregnancy was the main reason for not using birth control. One in three mothers stated they did not realize they were at risk for a pregnancy therefore they used no contraception.

95% Confidence Intervals								
Birth Control	Yes	No	Didn't mind	Thought I couldn't	Husb/partner didn't want to use anything	Side effects	Trouble getting birth control	Thought sterile
Percent	41.7-51.3	48.7-58.3	33.3-45.6	25.3-37.0	18.3-28.8	9.3-17.9	5.7-13.3	6.0-13.2

Mothers Currently Using Birth Control, Alabama PRAMS 2005



(Questions 58 & 60 of the PRAMS Survey) *Items are not mutually exclusive.
Number of respondents are less than 20.

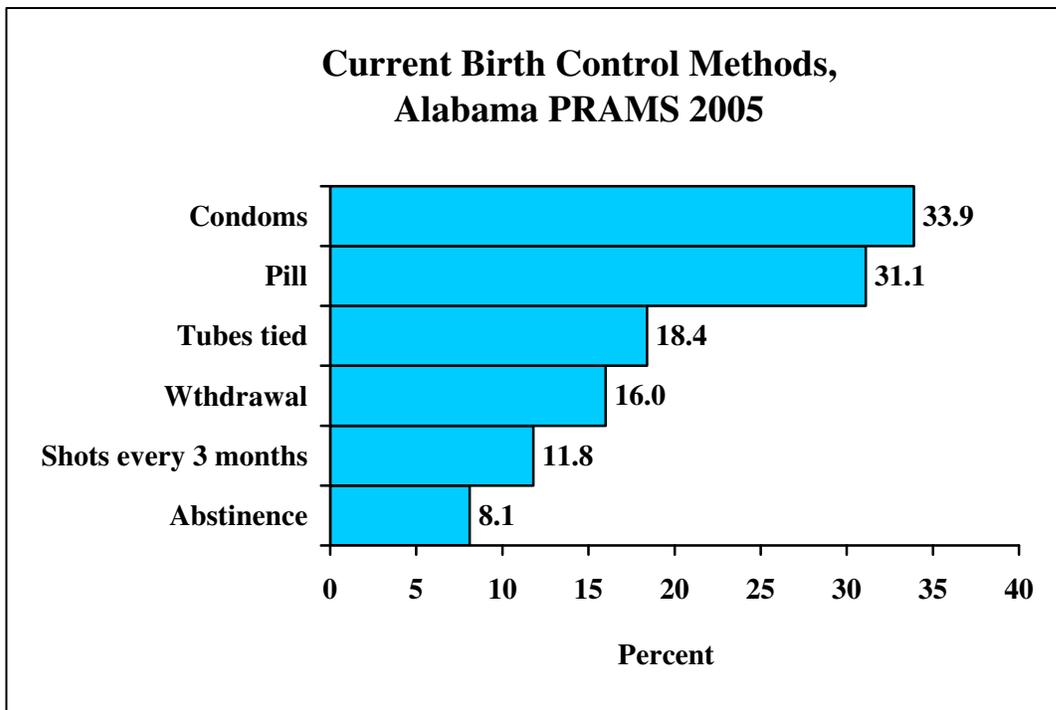
The correct usage of contraception is invaluable in preventing unintended pregnancies. Almost 90 percent of Alabama mothers in 2005 reported they *were* using some sort of birth control at the time they participated in the survey. Of those who were not using birth control, nearly one in four women said they did not want to use anything, 28.9 percent reported they were not having sex, 13.4 percent were wanting to be pregnant, and nearly one in seven reported their spouse or partner did not want to use any contraception. Nearly 7.0 percent reported that they were already pregnant again.

95% Confidence Intervals

Birth Control	Yes	No	Didn't want to use anything	Not having sex	Wants a pregnancy
Percent	9.7-14.4	85.6-90.3	15.9-33.5	20.3-39.4	7.7-22.3

95% Confidence Intervals

Birth Control	Husb/partner didn't want to use	Pregnant now	Can't pay for birth control	Thinks sterile
Percent	8.5-23.2	2.9-14.1	2.4-13.2	2.8-13.6



(Question 60 of the PRAMS Survey)

In 2005, 34 percent of women reported condom usage as the preferred method of contraception. Slightly less, 31.1 percent reported they were taking the pill. About one fifth of women chose permanent sterilization and had their tubes tied after delivery.

95% Confidence Intervals			
Method of Birth Control	Condoms	Pill	Tubes tied
Percent	30.4-37.6	27.7-34.7	15.6-21.6

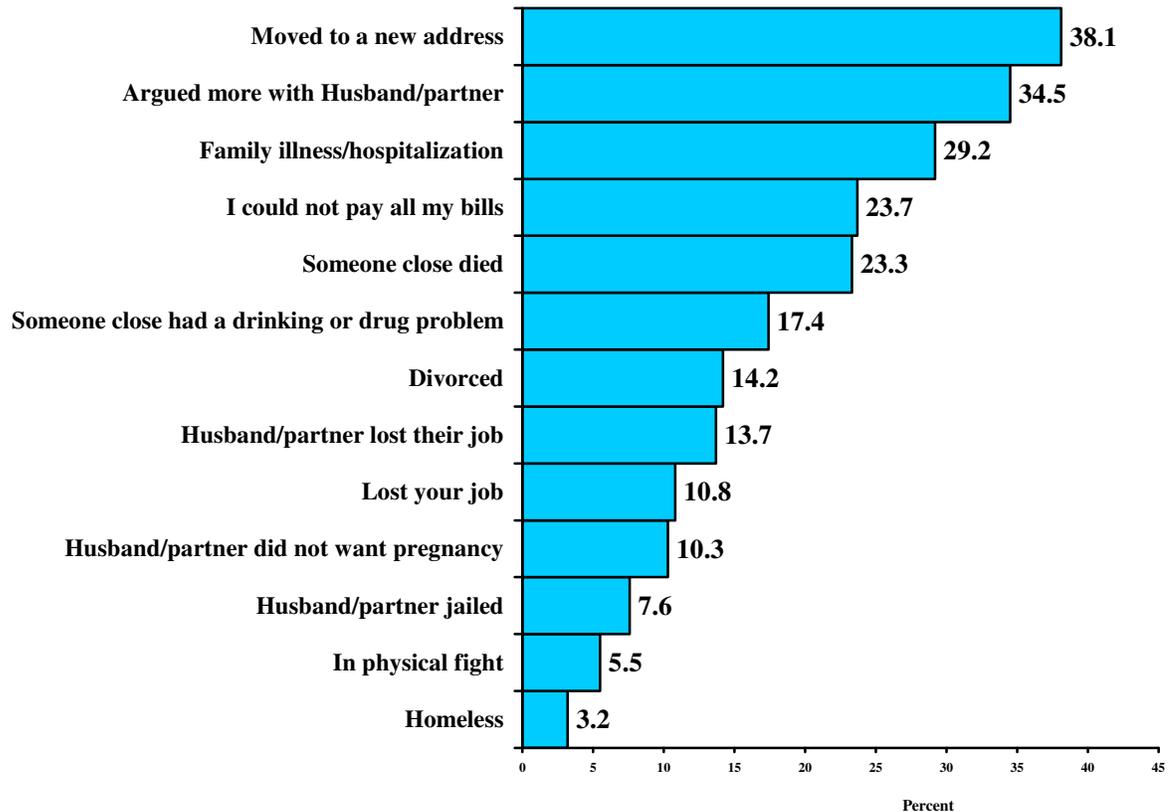
95% Confidence Intervals			
Method of Birth Control	Withdrawal	Shots every 3 mos.	Abstinence
Percent	13.4-19.0	9.7-14.3	6.2-10.4

Mothers' Birth Control Comments

- “I have to be careful of my age and high blood pressure. Right now, the [my] only method of birth control is condoms so far.”
- “I never intended to get pregnant so soon afterwards with my son—I was taking birth control.”
- “If you don't want to have a baby, then please just don't get pregnant.”
- “Use a condom, get on the shot, even the patch! It's so many things to prevent pregnancy.”

MISCELLANEOUS

Sources of Stress 12 Months Before Pregnancy, Alabama PRAMS 2005



(Question 34 of the PRAMS Survey)

Stressful events experienced during pregnancy can have negative effects on the health of the expectant mother and her unborn baby. When asked about various sources of stress during the twelve months preceding delivery, 40 percent of Alabama mothers reported they had moved to a new address, 34.5 percent reported they argued more with their husband/partner, almost 30 percent had a family illness or hospitalization, and 23.7 percent reported they were unable to pay all of their bills. Nearly one in four mothers suffered the loss of someone close to them.

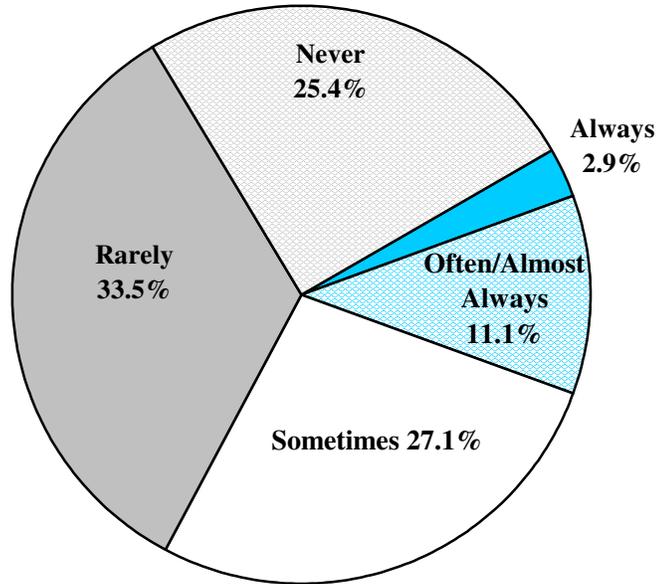
95% Confidence Intervals						
Source of Stress:	Moved	Argued more with Husb/partner	Family illness	Financial difficulties	Someone close died	Someone close with a drug/alcohol problem
Percent	34.7-41.6	31.3-37.9	26.1-32.6	20.8-26.9	20.4-26.5	14.8-20.2

95% Confidence Intervals							
Source of Stress:	Divorced	Lost job	Husb/partner lost their job	Husb/partner did not want preg.	In physical fight	Husb/partner jailed	Homeless
Percent	11.9-16.8	8.8-13.1	11.5-16.3	8.3-12.7	4.1-7.3	5.9-9.7	2.2-4.8

Mental Health of Mothers, Alabama PRAMS 2005

Question 65a asks:

“Since your new baby was born, how often have you felt down, depressed, or hopeless?”



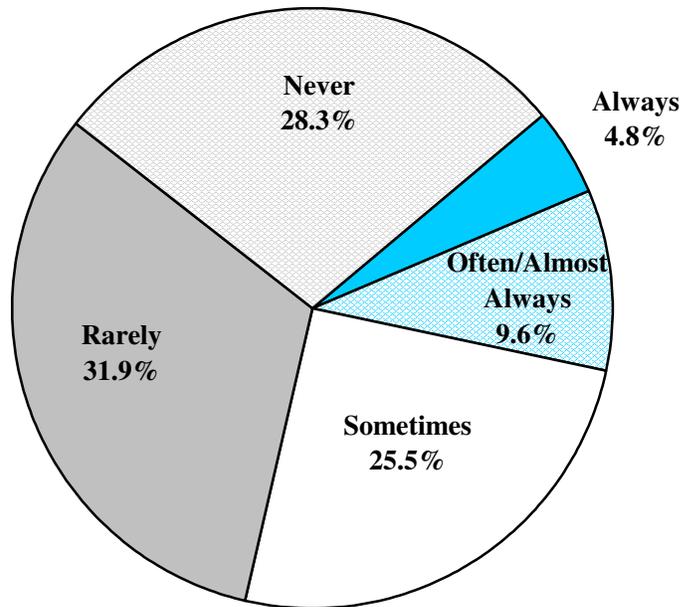
In 2005, 14.1 percent of Alabama mothers reported they always or almost always felt down, depressed, or hopeless since the birth of their baby. Nearly 61 percent reported feeling this way sometimes and on rare occasions.

95% Confidence Intervals					
Depression	Never	Always	Often/Almost Always	Sometimes	Rarely
Percent	22.4-28.7	2.0-4.4	9.0-13.6	24.0-30.4	30.1-37.0

Mental Health of Mothers, Alabama PRAMS 2005, (continued)

Question 65b asks:

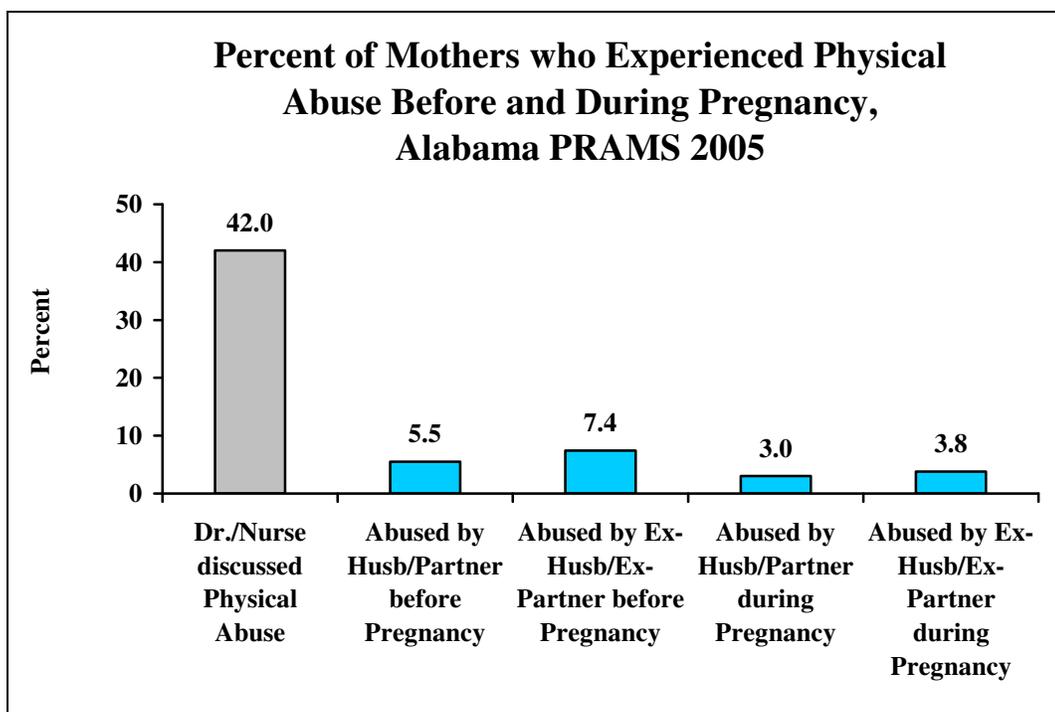
“Since your new baby was born, how often have you had little interest or little pleasure in doing things?”



When Alabama mothers asked how often they had little interest or received little pleasure in doing things, 14.3 percent responded they felt this way always or almost always.

Depression among women who have recently given birth has become an important healthcare issue. Some women experience feelings of sadness, anxiety, or irritability within hours to a few weeks after giving birth (called Baby Blues). However in some women, these feelings and mood swings do not disappear in a few weeks, but instead intensify and may last up to a year after giving birth. This type of depression is called postpartum depression. This more serious form of depression requires medication and possibly counseling to deal with the symptoms. In 2005 in Alabama, 10.0 percent of mothers reported their doctor or other health care worker had diagnosed them with depression since the birth of their baby.

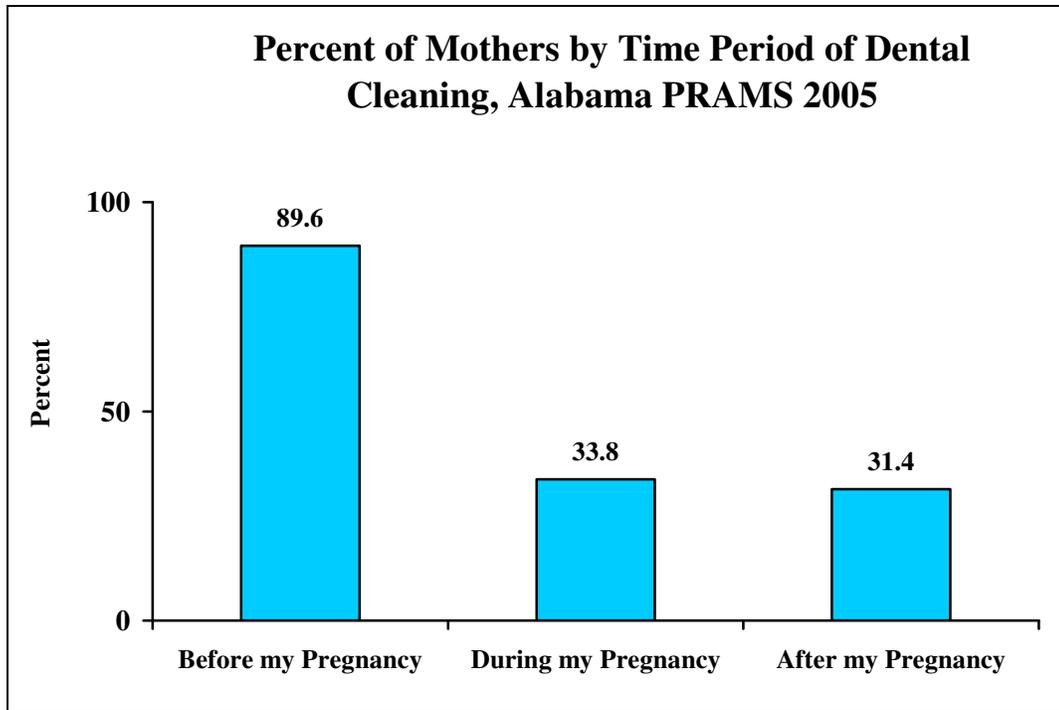
95% Confidence Intervals					
Loss of Interest	Never	Always	Often/Almost Always	Sometimes	Rarely
Percent	25.1-31.6	3.5-6.5	7.6-11.9	22.5-28.7	28.7-35.4



(Questions 20,35, & 36 of the PRAMS Survey)

One Healthy People 2010 Objective is to reduce the incidence of physical assault by a current or former husband or partner to 3.3 assaults per 1,000 persons (or 0.3 percent), aged 12 years or older. In 2005, one in eighteen Alabama mothers reported physical abuse by their *current* husband/partner and one in fourteen mothers reported abuse by a *former* husband/partner twelve months before becoming pregnant. The abuse decreased **during pregnancy** by 45 percent by *current* spouse/partner and 49 percent by *former* husband/partner. Only the decrease in abuse reported **during pregnancy** by a *former* husband or partner was statistically significant.

95% Confidence Intervals					
Physical abuse	Abuse Discussed At Prenatal Visits	Abused by Current Husb/partner 12 mos. Before pregnancy	Abused by Former Husb/partner 12 mos. Before pregnancy	Abused by Current Husb/partner <u>During</u> pregnancy	Abused by Current Husb/partner <u>During</u> pregnancy
Percent	38.7-45.4	4.1-7.4	5.7-9.4	2.0-4.4	2.7-5.4

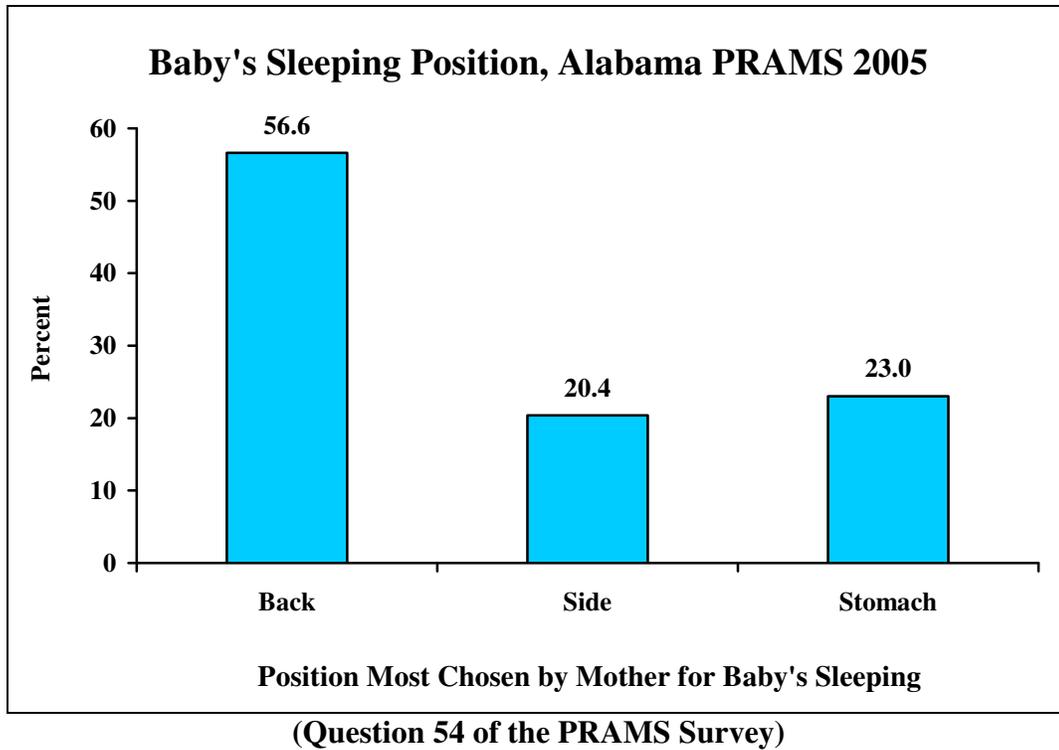


(Question 68 of the PRAMS Survey)

Periodontal diseases are serious dental infections caused by bacteria. Periodontal diseases can destroy bone and other structures that support the teeth. Pregnant women who have periodontitis are at increased risk of having a premature or preterm delivery. Non-surgical dental procedures are available to safely treat this condition in pregnant women.

In 2005 when Alabama mothers were asked, “When did you have your teeth cleaned by a Dentist or dental hygienist?” 89.6 percent reported having had their teeth cleaned *before* their most recent pregnancy, 33.8 percent had their teeth cleaned *during* their pregnancy, and 31.4 reported a cleaning *after* their most recent pregnancy. Thirteen percent of Alabama mothers had never had a dental cleaning. If following the recommended guidelines for good dental health, all mothers should have visited the dentist at least once during their pregnancy for a check and cleaning.

95 % Confidence Intervals			
When cleaning was performed:	Before Pregnancy	During Pregnancy	After Pregnancy
Percent	86.9-91.8	30.0-37.7	27.6-35.4



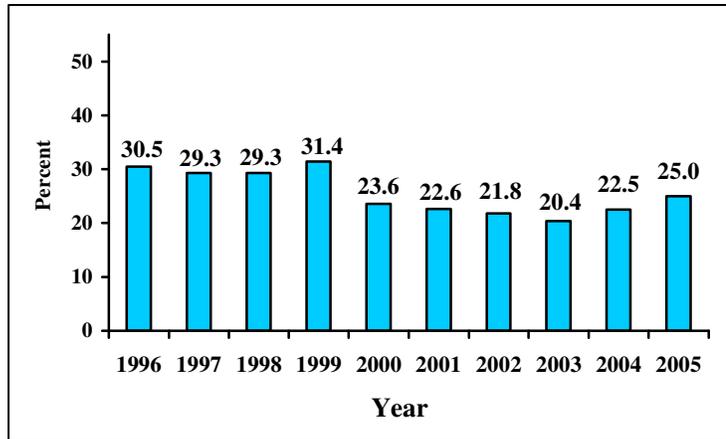
Health providers suggest placing an infant on his/her back (face up) for resting, sleeping, or when left alone can reduce the risk of Sudden Infant Death Syndrome or SIDS. A Healthy People 2010 objective is to increase the percentage of healthy full-term infants who are placed on their backs for sleeping to 70 percent.

In 2005 in Alabama, 43.4 percent of mothers reported placing their babies *most often* on their side or stomach for sleeping.

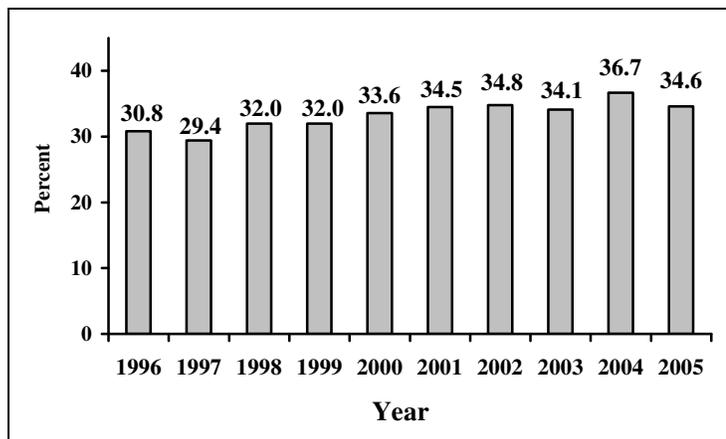
95% Confidence Intervals			
Sleep Position	Back	Side	Stomach
Percent	52.9-60.3	17.6-23.6	19.9-26.3

Frequency of Infant Co-Sleeping, Alabama PRAMS 1996-2005 (Question 55 of the 2005 PRAMS Survey)

Frequency of Infants Sleeping Alone (Never Co-Sleeps), Alabama PRAMS, 1996-2005



Frequency of Infants Always or Almost Always Co-Sleeping, Alabama PRAMS, 1996-2005



The safest location for an infant to sleep is alone, in a crib (conforming to Consumer Product Safety Commission safety standards) which is free of extra bedding or soft toys and which is located near the parents' bed. These safety precautions reduce the risk of suffocation from soft, fluffy bedding or from accidental overlaying by someone sharing the bed with the infant.

In 2005, only one in four Alabama mothers never allowed their infant to co-sleep or share a bed with themselves or someone else, however 34.6 percent reported they always or almost always allowed their infants to co-sleep.

95% Confidence Intervals- 2005 only		
Frequency	Never Co-sleeps	Always or Almost Always
Percent	22.0-28.3	31.3-38.1

Mothers' Miscellaneous Comments

- “I learned from doctors a lot of my complications during my most recent pregnancy were due to severe stress.”
- “Mothers on Medicaid cannot have dental checkups because they are not paid for by Alabama. Yet when we are pregnant, we are told to take good care of our teeth. This poses a problem because we would not be on Medicaid in the first place if we could afford a doctor or dentist. Please in the future make dental checkups in the pregnancy and any dental work done paid for and available.”
- “For those mothers that become pregnant or are trying to get pregnant, remember to be less stressed. It can cause serious problems for the health of yourself and your unborn baby.”
- “You should be able to get dental insurance after you have your baby.”
- “I believe that unhealthy babies are born because mothers are stressed worried about bills, etc.”
- “Depression after baby is born needs to be looked into more.”
- “I went into labor 3 times with my son before he was due, each time it was because of stress. I worried about things I could not control or do anything about! ...Stress is also a factor in premature babies or low birth weight children.”
- “I just hope that women put their children first and take care of themselves during their pregnancy.”
- “I feel that all new mothers should have someone to talk to.”
- “I think that above all things [sic] that would benefit or decrease the chances of a woman to carry a baby successfully would be mental health status.”
- “I know that a woman’s environment and financial situation has so much bearing on how she views her pregnancy, but she should know that there are so many opportunities for her to get help and education.”
- “I believe it would be helpful if the hospital has someone come in and talk to you about your feelings after your baby’s birth. It can be a confusing time. Even more so for the people who don’t have support from their family or spouse.”

TECHNICAL NOTES

Survey Questions

The PRAMS survey was developed by representatives of several states and researchers from the Centers for Disease Control and Prevention (CDC). The methodology generally follows techniques developed by Donald Dillman and outlined in his book, Mail and Telephone Surveys: The Total Design Method. Great care was used in designing the questions and in making them as non-threatening as possible to the respondent. All questions were worded so that a person with a ninth grade reading level should be able to easily comprehend them.

There is a set of core questions in the survey that are included in questionnaires from all states participating in the PRAMS project. A set of state-specific questions are included in questionnaires if each PRAMS state chooses to include them. A few questions were developed by the Alabama PRAMS Steering Committee and the Alabama PRAMS staff with the assistance of CDC staff.

The major objective of the project is to provide data for planners so that they can target and evaluate programs designed to improve the health of mothers and babies. The data in this report have been presented in a format which is easily useable and understandable by policy makers.

A significant feature of the PRAMS survey is that numerous attempts are made to contact each mother selected for the survey. Mothers are mailed up to three questionnaires at one-week intervals. If the mother does not respond to the mailings, then up to fifteen attempts are made to contact her by telephone. These numerous attempts are made to try to reach the CDC's required 70% overall response rate for statistical reliability. However, for 2004 and 2005, Alabama PRAMS has not been able to reach the 70% response rate, so caution should be used in interpreting results for those years.

The survey has gone through four revisions, or phases, since Alabama began using the PRAMS survey: 1993 to 1995 data were gathered in the Phase 2 survey; 1996 to 1999 data were gathered from the Phase 3 survey; and in 2000, the Phase 4 survey began. In 2002, a slight revision was made to Phase 4. In 2004, the Phase 5 survey was implemented. Changes in the wording of a question from one phase to another, such as the breastfeeding question, are noted in the chart.

Weighting

Statistics in this report are based on weighted data. The weights were developed by CDC to adjust for nonresponse and noncoverage to give unbiased estimates of population parameters. The first element of the weight is the sampling weight which is the reciprocal of the sampling fraction for each stratum. The second element is a nonresponse adjustment factor. Finally, the third element is a sampling frame noncoverage weight which reflects a less than 0.1 percent rate of omission from the sampling frame. The resulting sampling weight used in analysis of the survey data is the product of these three elements and includes an adjustment for nonresponse and noncoverage*.

The nonresponse portion of the sampling weight was developed through a logistic regression analysis of variables related to nonresponse performed by CDC staff. These variables included mother's marital status, race, age, and education. The adjustment reflects the inclination of women possessing certain characteristics to respond at different rates than women not possessing those characteristics. For example, the response rate for married women is higher than that for unmarried women.

*For 2004, there was no adjustment for noncoverage.

Calculation of Confidence Intervals

The 95% confidence intervals (CI) presented at the bottom of each page were computed using the formula [CI = percent +/- (1.96 x standard error)]. Percents and standard errors were calculated using the SAS and SUDAAN statistical packages provided by CDC. The confidence intervals are included to determine significance of trends. Generally, for simple univariate percentages, the standard errors should be reasonably small. However, for cross-classifications involving several variables, cell frequencies can be quite small and the standard errors quite large, resulting in a large confidence interval around the estimate.

Limitations

Because the mother is first contacted two to four months after giving birth, her responses may be subject to recall bias. She may have forgotten certain dates or what was discussed during pregnancy. Some questions ask the mother to remember up to 12 months before she became pregnant. The mother may also not respond truthfully if the question is asking about events that may not be socially acceptable; i.e. smoking, drinking, use of birth control.

The Sample

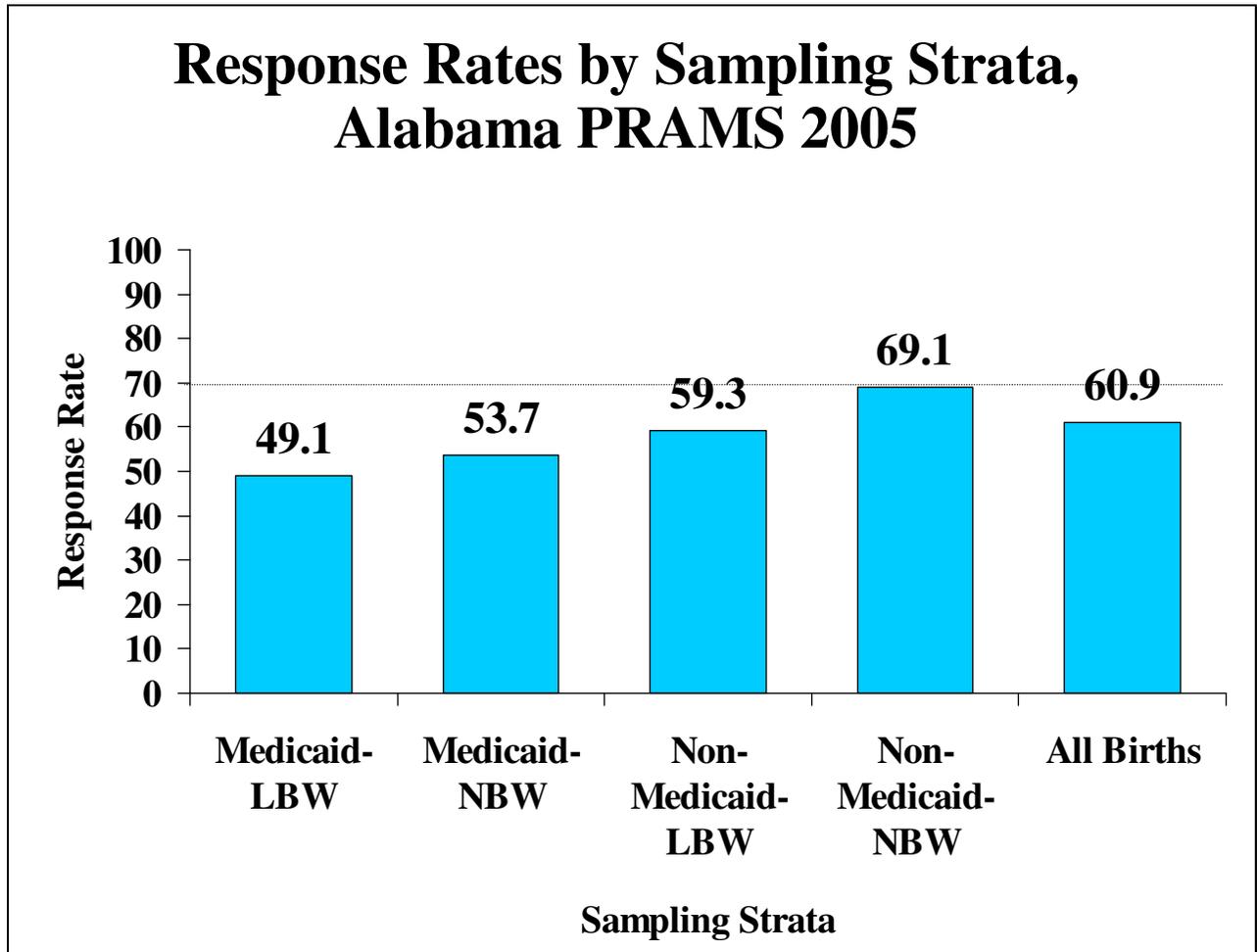
Each month approximately 180-200 women who have given birth two to four months before the sampling date are selected for the sample. The survey is divided into four strata: Medicaid low birth weight, Medicaid normal birth weight, non-Medicaid low birth weight, and non-Medicaid normal birth weight. Women in each of these strata have a different probability of being chosen. Samples are selected so that roughly equal numbers of women are chosen from each strata. The odds of being selected in 2005 were approximately as follows:

Medicaid low birth weight	2:11
Medicaid normal birth weight	1:42
Non-Medicaid low birth weight	1:5
Non-Medicaid normal birth weight	1:58

Selection probabilities are adjusted annually to take into account the changes in the distribution of births over time and the response rates of mothers in each strata. The goal is to obtain at least 400 completed questionnaires from each strata.

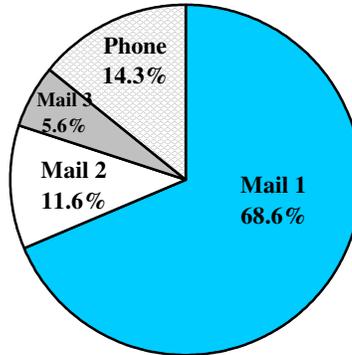
Strata were chosen to allow for oversampling of mothers who give birth to low birth weight babies and mothers whose birth was paid for by Medicaid. Both low birth weight births and Medicaid births are of special interest to the state of Alabama. Oversampling allows for large enough numbers of births that are low birth weight and Medicaid to be able to perform analyses.

Response Rates



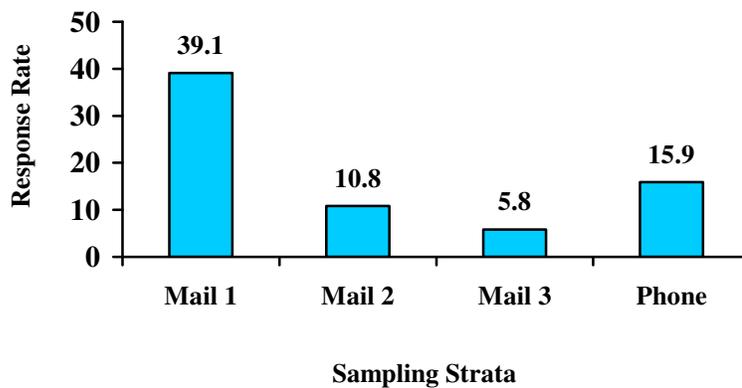
As a rule of thumb, CDC requires at least 400 completed questionnaires and a response rate of 70 percent in each stratum. In 2005, the response rates for all four of the strata were below 70 percent, with the highest rate of 69.1 percent among non-Medicaid NBW births and the lowest rate of 49.1 percent for Medicaid LBW births. The overall response rate for the four strata was 60.9 percent. Because the CDC requires an overall weighted response rate of 70 percent to insure data is of the highest quality, caution should be used in interpreting data reported from 2005.

Percent Distribution of Completed Questionnaires by Survey Phase of Completion, Alabama PRAMS 2005



The majority of completed surveys, 68.6 percent, were received as a result of the initial mailing or mail 1. The mail 2 accounted for 11.6 percent of completed questionnaires, and mail 3 accounted for 5.6 percent. Of the total number of completed surveys, 14.3 percent resulted from phone phase.

Response Rates by Survey Phase, Alabama PRAMS 2005



Of all women who received the first mailing, 39.1 percent responded. The second mailing had a 10.8 percent response rate. The response rate for the third mailing was 5.8 percent in 2005, and the response rate for the phone phase was 15.9 percent. One source of bias in the survey is the possibility that mothers may answer some of the questions differently depending upon whether they respond by mail or telephone.

PRAMS

SURVEY

QUESTIONS

First, we would like to ask a few questions about you and the time before you became pregnant with your new baby. Please check the box next to your answer.

1. Just before you got pregnant, did you have health insurance? (Do not count Medicaid.)

- No
- Yes

2. Just before you got pregnant, were you on Medicaid?

- No
- Yes

3. During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin or a prenatal vitamin?

These are pills that contain many different vitamins and minerals.

- I didn't take a multivitamin or a prenatal vitamin at all
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

4. What is your date of birth?

____ 19____
Month Day Year

5. Just before you got pregnant with your new baby, how much did you weigh?

____ Pounds OR ____ Kilos

6. How tall are you without shoes?

____ Feet ____ Inches
OR ____ Centimeters

7. Before you got pregnant with your new baby, did you ever have any other babies who were born alive?

- No →
- Yes

8. Did the baby born *just before* your new one weigh 5 pounds, 8 ounces (2.5 kilos) or less at birth?

- No
- Yes

9. Was the baby *just before* your new one born *more* than 3 weeks before its due date?

- No
- Yes

The next questions are about the time when you got pregnant with your *new* baby.

10. Thinking back to *just before* you got pregnant with your *new* baby, how did you feel about becoming pregnant?

Check one answer

- I wanted to be pregnant sooner
- I wanted to be pregnant later
- I wanted to be pregnant then
- I didn't want to be pregnant then or at any time in the future

11. When you got pregnant with your new baby, were you trying to get pregnant?

- No
- Yes



Go to Question 15

12. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes



Go to Question 14

13. What were your or your husband's or partner's reasons for not doing anything to keep from getting pregnant?

Check all that apply

- I didn't mind if I got pregnant
- I thought I could not get pregnant at that time
- I had side effects from the birth control method I was using
- I had problems getting birth control when I needed it
- I thought my husband or partner or I was sterile (could not get pregnant at all)
- My husband or partner didn't want to use anything
- Other** → **Please tell us:**

If you or your husband or partner was not doing anything to keep from getting pregnant, go to Question 15.

14. When you got pregnant with your new baby, what were you or your husband or partner doing to keep from getting pregnant?

Check all that apply

- Tubes tied or closed (female sterilization)
- Vasectomy (male sterilization)
- Pill
- Condoms
- Shot once a month (Lunelle®)
- Shot once every 3 months (Depo-Provera®)
- Contraceptive patch (OrthoEvra®)
- Diaphragm, cervical cap, or sponge
- Cervical ring (NuvaRing® or others)
- IUD (including Mirena®)
- Rhythm method or natural family planning
- Withdrawal (pulling out)
- Not having sex (abstinence)

Other → **Please tell us:**

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar when you answer these questions.)

15. How many weeks or months pregnant were you when you were *sure* you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

_____ Weeks OR _____ Months

- I don't remember

16. How many weeks or months pregnant were you when you had your first visit for prenatal care? (Do not count a visit that was only for a pregnancy test or only for WIC [the Special Supplemental Nutrition Program for Women, Infants, and Children].)

_____ Weeks OR _____ Months

- I didn't go for prenatal care

17. Did you get prenatal care as early in your pregnancy as you wanted?

- No
- Yes

I didn't want prenatal care



Go to Question 19

18. Here is a list of problems some women can have getting prenatal care. For each item, circle **Y** (Yes) if it was a problem for you during your most recent pregnancy or circle **N** (No) if it was not a problem or did not apply to you.

	No	Yes
a. I couldn't get an appointment when I wanted one.....	N	Y
b. I didn't have enough money or insurance to pay for my visits.....	N	Y
c. I had no way to get to the clinic or doctor's office.....	N	Y
d. I couldn't take time off from work.....	N	Y
e. The doctor or my health plan would not start care as early as I wanted.....	N	Y
f. I didn't have my Medicaid card.....	N	Y
g. I had no one to take care of my children.....	N	Y
h. I had too many other things going on.....	N	Y
i. I didn't want anyone to know I was pregnant.....	N	Y
j. Other	N	Y

Please tell us:

If you did not go for prenatal care, go to Question 21

19. How was your prenatal care paid for?

Check all that apply

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's work)
- Military
- Health department

- Other** → **Please tell us:**

20. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each item, circle **Y** (Yes) if someone talked with you about it or circle **N** (No) if no one talked with you about it.

	No	Yes
a. How smoking during pregnancy could affect my baby.....	N	Y
b. Breastfeeding my baby.....	N	Y
c. How drinking alcohol during pregnancy could affect my baby.....	N	Y
d. Using a seat belt during my pregnancy.....	N	Y
e. Birth control methods to use after my pregnancy.....	N	Y
f. Medicines that are safe to take during my pregnancy.....	N	Y
g. How using illegal drugs could affect my baby.....	N	Y
h. Doing tests to screen for birth defects or diseases that run in my family.....	N	Y
i. What to do if my labor starts early.....	N	Y
j. Getting tested for HIV (the virus that causes AIDS).....	N	Y
k. Physical abuse to women by their husbands or partners.....	N	Y

21. At any time during your most recent pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?

- No
- Yes
- I don't know

22. Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects?

- No
- Yes

The next questions are about your most recent pregnancy and things that might have happened during your pregnancy.

23. During your most recent pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?

- No
- Yes



Go to Question 25

24. When you went for WIC visits during your most recent pregnancy, did you receive information on breastfeeding?

- No
- Yes

25. Did you have any of these problems during your most recent pregnancy? For each item, circle Y (Yes) if you had the problem or circle N (No) if you did not.

	No	Yes
a. High blood sugar (diabetes) that started <i>before</i> this pregnancy.....	N	Y
b. High blood sugar (diabetes) that started <i>during</i> this pregnancy.....	N	Y
c. Vaginal bleeding.....	N	Y
d. Kidney or bladder (urinary tract) infection	N	Y
e. Severe nausea, vomiting, or dehydration.....	N	Y
f. Cervix had to be sewn shut (incompetent cervix).....	N	Y
g. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia.....	N	Y
h. Problems with the placenta (such as abruptio placentae or placenta previa).....	N	Y
i. Labor pains more than 3 weeks before my baby was due (preterm or early labor).....	N	Y
j. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM]).....	N	Y
k. I had to have a blood transfusion.....	N	Y
l. I was hurt in a car accident.....	N	Y

If you did not have any of these problems, go to Question 27

26. Did you do any of the following things because of these problems? For each item, circle **Y** (Yes) if you did that thing or circle **N** (No) if you did not.

	No	Yes
a. I went to the hospital or emergency room and stayed less than 1 day.....	N	Y
b. I went to the hospital and stayed 1 to 7 days.....	N	Y
c. I went to the hospital and stayed more than 7 days.....	N	Y
d. I stayed in bed at home more than 2 days because of my doctor's or nurse's advice....	N	Y

The next questions are about smoking cigarettes and drinking alcohol.

27. Have you smoked at least 100 cigarettes in the past 2 years? (A pack has 20 cigarettes.)

No



Go to Question 31

Yes

28. In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day?
(A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

29. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day?
(A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

30. How many cigarettes do you smoke on an average day *now*? (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

31. Have you had any alcoholic drinks in the past 2 years? (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.)

No →

Go to Question 34

Yes

32a. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?

- 14 drinks or more a week
- 7 to 13 drinks a week
- 4 to 6 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then

32b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 5 drinks or more in 1 sitting
- I didn't drink then

33a. During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?

- 14 drinks or more a week
- 7 to 13 drinks a week
- 4 to 6 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then

33b. During the *last 3 months* of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 5 drinks or more in 1 sitting
- I didn't drink then

Pregnancy can be a difficult time for some women. The next question is about things that may have happened before and during your most recent pregnancy.

34. This question is about things that may have happened during the *12 months before your new baby was born*. For each item, circle **Y (Yes) if it happened to you or circle **N** (No) if it did not. (It may help to use the calendar.)**

	No	Yes
a. A close family member was very sick and had to go into the hospital.....	N	Y
b. I got separated or divorced from my husband or partner.....	N	Y
c. I moved to a new address.....	N	Y
d. I was homeless.....	N	Y
e. My husband or partner lost his job.....	N	Y
f. I lost my job even though I wanted to go on working.....	N	Y
g. I argued with my husband or partner more than usual.....	N	Y
h. My husband or partner said he didn't want me to be pregnant.....	N	Y
i. I had a lot of bills I couldn't pay.....	N	Y
j. I was in a physical fight.....	N	Y
k. My husband or partner or I went to jail.....	N	Y
l. Someone very close to me had a bad problem with drinking or drugs.....	N	Y
m. Someone very close to me died.....	N	Y

The next questions are about the time during the *12 months before* you got pregnant with your new baby.

35a. During the *12 months before* you got pregnant, did a ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
- Yes

35b. During the *12 months before* you got pregnant, were you physically hurt in any way by your husband or partner?

- No
- Yes

The next questions are about the time *during* your most recent pregnancy.

36a. During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
- Yes

36b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?

- No
- Yes

The next questions are about your labor and delivery. (It may help to look at the calendar when you answer the questions.)

37. When was your baby due?

Month Day Year

38. When did you go into the hospital to have your baby?

Month Day Year

- I didn't have my baby in a hospital

39. When was your baby born?

Month Day Year

40. When were you discharged from the hospital after your baby was born?

(It may help to use the calendar.)

Month Day Year

- I didn't have my baby in a hospital

41. How was your delivery paid for?

Check all that apply

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's work)
- Military
- Health department

- Other** → **Please tell us:**

The next questions are about the time since your new baby was born.

42. After your baby was born, was he or she put in an intensive care unit?

- No
- Yes
- I don't know

43. After your baby was born, how long did he or she stay in the hospital?

- Less than 24 hours (less than 1 day)
- 24–48 hours (1–2 days)
- 3 days
- 4 days
- 5 days
- 6 days or more
- My baby was not born in a hospital

My baby is still in the hospital



Go to Question 46

44. Is your baby alive now?

No



Go to Question 58

Yes

45. Is your baby living with you now?

No



Go to Question 58

Yes

46. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?

No

Yes



Go to Question 48

47. What were your reasons for not breastfeeding your new baby?

Check all that apply

- My baby was sick and could not breastfeed
- I was sick or on medicine
- I had other children to take care of
- I had too many household duties
- I didn't like breastfeeding
- I didn't want to be tied down
- I was embarrassed to breastfeed
- I went back to work or school
- I wanted my body back to myself

Other → **Please tell us:**

If you did not breastfeed your new baby, go to Question 52.

48. Are you still breastfeeding or feeding pumped milk to your new baby?

No

Yes



Go to Question 51

49. How many weeks or months did you breastfeed or pump milk to feed your baby?

_____ Weeks OR _____ Months

Less than 1 week

50. What were your reasons for stopping breastfeeding?

Check all that apply

- My baby had difficulty nursing
- Breast milk alone did not satisfy my baby
- I thought my baby was not gaining enough weight
- My baby got sick and could not breastfeed
- My nipples were sore, cracked, or bleeding
- I thought I was not producing enough milk
- I had too many other household duties
- I felt it was the right time to stop breastfeeding
- I got sick and could not breastfeed
- I went back to work or school
- I wanted or needed someone else to feed the baby
- My baby was jaundiced (yellowing of the skin or whites of the eyes)

Other → **Please tell us:**

51. How old was your baby the first time you fed him or her anything besides breast milk? Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.

_____ Weeks OR _____ Months

- My baby was less than 1 week old
- I have not fed my baby anything besides breast milk

If your baby was not born in a hospital, go to Question 53.

52. This question asks about things that may have happened at the hospital where your new baby was born. For each item, circle Y (Yes) if it happened or circle N (No) if it did not happen .

	No	Yes
a. Hospital staff gave me information about breastfeeding.....	N	Y
b. My baby stayed in the same room with me at the hospital.....	N	Y
c. I breastfed my baby in the hospital.....	N	Y
d. I breastfed my baby in the first hour after my baby was born.....	N	Y
e. Hospital staff helped me learn how to breastfeed.....	N	Y
f. My baby was fed only breast milk at the hospital.....	N	Y
g. Hospital staff told me to breastfeed whenever my baby wanted.....	N	Y
h. The hospital gave me a gift pack with formula.....	N	Y
i. The hospital gave me a telephone number to call for help with breastfeeding.....	N	Y
j. My baby used a pacifier in the hospital.....	N	Y

If your baby is still in the hospital, go to Question 58.

53. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?

_____ Hours

- Less than 1 hour a day
- My baby is never in the same room with someone who is smoking.

54. How do you *most often* lay your baby down to sleep now?

- On his or her side
- On his or her back
- On his or her stomach

Check one answer

55. How often does your new baby sleep in the same bed with you or anyone else?

- Always
- Often/Almost always
- Sometimes
- Rarely
- Never

56. Was your baby seen by a doctor, nurse, or other health care provider during the first week after he or she left the hospital?

- No
- Yes

57. Has your baby had a well-baby checkup? (A well-baby checkup is a regular health visit for your baby usually at 2, 4, or 6 months of age.)

- No
- Yes

58. Are you or your husband or partner doing anything *now* to keep from getting pregnant? (Some things people do to keep from getting pregnant include having not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes →

Go to Question 60

59. What are your or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now* ?

- I am not having sex
- I want to get pregnant
- I don't want to use birth control
- My husband or partner doesn't want to use anything
- I don't think I can get pregnant (sterile)
- I can't pay for birth control
- I am pregnant now

Check all that apply

- Other** → **Please tell us:**

If you or your husband or partner is not doing anything to keep from getting pregnant *now*, go to Question 61.

60. What kind of birth control are you or your husband or partner using *now* to keep from getting pregnant?

Check all that apply

- Tubes tied or closed (female sterilization)
- Vasectomy (male sterilization)
- Pill
- Condoms
- Shot once a month (Lunelle®)
- Shot once every 3 months (Depo-Provera®)
- Contraceptive patch (OrthoEvra®)
- Diaphragm, cervical cap, or sponge
- Cervical ring (NuvaRing® or others)
- IUD (including Mirena®)
- Rhythm method or natural family planning
- Withdrawal (pulling out)
- Not having sex (abstinence)

- Other** → **Please tell us:**

The next few questions are about the time during the *12 months before* your new baby was born.

61. During the *12 months before* your new baby was born, what were the sources of your household's income?

Check all that apply

- Paycheck or money from a job
- Money from family or friends
- Money from a business, fees, dividends, or rental income
- Aid such as Temporary Assistance for Needy Families (TANF), welfare, public assistance, general assistance, food stamps, or Supplemental Security Income
- Unemployment benefits
- Child support or alimony
- Social security, workers' compensation, disability, veteran benefits, or pensions

- Other** → **Please tell us:**

62. During the *12 months before* your new baby was born, what was your total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have used. (All information will be kept private and will not affect any services you are now getting.)

Check one answer

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 or more

63. During the 12 months before your new baby was born, how many people, including yourself, depended on this income?

_____ People

The next few questions are on a variety of topics.

64. During your most recent pregnancy did a doctor, nurse, or other health care worker tell you that you had any of the following diseases or infections? For each one, circle **Y** (Yes) if you were told you had the disease or infection or circle **N** (No) if you were not told you had the disease or infection.

	No	Yes
a. Urinary tract infection (UTI)	N	Y
b. Yeast infections	N	Y
c. Group B Strep (Beta Strep)	N	Y
d. Bacterial vaginosis	N	Y
e. Trichomoniasis (Trich)	N	Y
f. Chlamydia	N	Y
g. Genital warts (HPV)	N	Y
h. Herpes	N	Y
i. Gonorrhea	N	Y
j. Syphilis	N	Y
k. Pelvic Inflammatory Disease (PID)	N	Y
l. Human Immunodeficiency Virus (HIV)	N	Y

65a. Since your new baby was born, how often have you felt down, depressed, or hopeless?

- Always
- Often
- Sometimes
- Rarely
- Never

65b. Since your new baby was born, how often have you had little interest or little pleasure in doing things?

- Always
- Often
- Sometimes
- Rarely
- Never

66. Since your new baby was born, has a doctor, nurse, or other health care worker diagnosed you with depression?

- No
- Yes

67. Have you ever had your teeth cleaned by a dentist or dental hygienist?

No



Go to Question 69

Yes

68. When did you have your teeth cleaned by a dentist or a dental hygienist? For each of the three time periods, circle **Y** (Yes) if you had your teeth cleaned then or circle **N** (No) if you did not have your teeth cleaned then.

- a. Before my most recent pregnancy.....N Y
- b. During my most recent pregnancy.....N Y
- c. After my most recent pregnancy.....N Y

69. What is today's date?

Month	Day	Year	

Please use this space for any additional comments you would like to make about the health of mothers and babies in Alabama.

*Thanks for answering our questions!
Your answers will help us work to make Alabama mothers and babies healthier.*